

III. ELIGIBILITY OR INELIGIBILITY DETERMINATION

Hereinafter, any reference to “ARIMIS” and “ARIMIS timelines” shall be replaced with the term “the case management system.” Furthermore, any and all references to the term “case notes” shall be replaced with the term “case narrative.”

Page

III-1 to III-2 Added federal definition language to Basic eligibility requirements are: 1 – 4.
Defined term clear

III-2 Added examples to the term clear and convincing evidence.

III-3 PROCEDURES - SSDI/SSI ELIGIBILITY added language clarifying the document requirements and language related to the case management coding,

III-4 CERTIFICATION FOR INELIGIBILITY added an example of conditions or intervening reasons for ineligibility determination

III-5 to III-7 Order of Selection changed.

III. ELIGIBILITY OR INELIGIBILITY DETERMINATION

ARS has the sole responsibility for determining eligibility for VR Services. The ARS Commissioner has delegated the responsibility of determination of eligibility to the Counselor.

For all individuals applying for services, ARS will conduct an assessment to determine eligibility and priority for services if the state is operating under an Order of Selection. 34 C.F.R. §361.42(a.)(2.)

Eligibility requirements will be applied in compliance with Titles VI and VII of the Civil Rights Act, The Americans with Disabilities Act and without regard to age, religion, disability, sex, race, color or national origin. The eligibility requirements are applicable without regard to the particular service need or anticipated cost of services required by an applicant or the income level of an applicant or applicant's family. Eligibility determination will be made within 60 days of the application date. Exceptional and unforeseen circumstances beyond the control of ARS that prevent the Agency from making an eligibility determination within 60 days will require ARS and the individual to agree on a specific extension of time. 34 C.F.R. §361.42(b.)(1-4)

Basic eligibility requirements are:

1. A determination that the individual has a physical or mental impairment defined as an injury, disease or other condition that results in persistent functional limitations: resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.
2. A determination that the individual's physical or mental impairment constitutes or results in a substantial impediment to employment for the individual. A substantial impediment to employment exists when the impairment and the resultant limitation: Prevent the individual from obtaining a job consistent with their abilities; significantly interfere with preparing for employment consistent with their abilities, need for special accommodations or technology to perform essential job duties or barriers to job retention; for example lost of job due to impairment or unable to perform essential job duties.
3. A presumption that the individual can benefit in terms of an employment outcome from the provision of VR services. An individual is presumed capable of achieving an employment outcome, unless clear and convincing evidence is obtained documenting for example: the severity of the diagnosis would preclude not obtainable.

4. A determination that the individual requires VR services to prepare for entrance into, engage in, or retain gainful employment consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities and informed choice. 34 C.F.R. § 361.42 (i.-iv.) An individual is expected to require one or more VR services that will have a substantial impact on the individual's disability and resultant functional limitations or reduce the impediment to employment to allow the applicant to prepare for, obtain, retain or regain employment consistent with the individual's capabilities and abilities and the individual services cannot access these services without VR intervention.

Each individual who meets the eligibility requirements is presumed to be able to benefit from VR services in terms of an employment outcome, unless determined, based on clear and convincing evidence, that the applicant is incapable of benefiting in terms of an employment outcome due to the severity of the disability. Clear and convincing evidence requires a high degree of certainty in order to conclude the individual is incapable of benefiting from services in terms of an employment outcome. The term clear means unequivocal. Given this standard, the use of a standard intelligence test only would not constitute clear and convincing evidence. A functional assessment of the individual's abilities, capabilities and capacity to perform work situations through the use of trail work experience with appropriate supports and training would assist in defining clear and convincing evidence.

PRESUMPTIVE ELIGIBILITY SSDI/SSI RECIPIENTS

Social Security Disability Income (SSDI) beneficiaries and Supplemental Security Income (SSI) recipients are considered to be individuals with a significant disability (Category II) and presumed eligible for VR services, if the intent of the individual is to achieve an employment outcome. The employment outcome must be consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of the individual. The Agency is responsible for informing individuals through the application process that the individual must intend to achieve an employment outcome in order to receive VR services. No additional tests or procedures may be used to assess disability in order to determine eligibility.

Note: The individual who is presumed eligible as a recipient of SSI/SSDI and who intends to achieve an employment outcome is eligible unless clear and convincing evidence demonstrate that the individual is incapable of benefiting from vocational services in terms of achieving an employment outcome due to the severity of the disability.

Although an SSDI/SSI recipient is considered an individual with a significant disability, presumptive eligibility for VR services does not entitle the individual to priority for services over other individuals with significant disabilities or most significant disabilities if the state is operating under an Order of Selection.

If an applicant for VR services asserts that he or she is eligible for Social Security benefits, but is unable to provide appropriate evidence, such as an award letter, to support that assertion, ARS must verify the applicant's eligibility by contacting the Social Security Administration. This verification must be made within a reasonable period of

time that enables ARS to determine the applicant's eligibility for VR services within 60 days of the individual submitting an application for services. 34 C.F.R. §361.42 (a.)(3.)

Note: Information in this section should not be construed to create entitlement to any vocational rehabilitation service.

PROCEDURES - SSDI/SSI ELIGIBILITY

- The counselor will obtain verification of SSI/SSDI benefits and a copy will be placed in the individual's file i.e. awards letter, benefit's check, verification from Social Security Administration, or a verified/valid Ticket.
- **Exception:** The counselor must document in the case record the justification for completing a Certificate of Eligibility before verification is obtained, (See procedures on page III-3.)
- Complete the Certificate of Eligibility for VR, Trial Work Experience, or Extended Evaluation (EE) services. {Form RS-600-B (1) in Appendix E} The certification statement for the Certificate of Eligibility is **"This individual meets the presumptive eligibility requirement."** The area for limitations does not need to be completed.
- The counselor must be aware of the Ticket to Work Program. If the Applicant is eligible under "presumptive eligibility", the counselor must follow guidelines outlined in Ticket to Work in Appendix B (Special Programs).
- The applicant can be scheduled for additional testing, or medical, psychological, or psychiatric evaluation based on informed choice to determine limitations if this information is needed in the development of the IPE.

Also, the special program code 401 (SSDI), 600 (SSI) or 601(both) **Must** be utilized for all individuals receiving Social Security benefits.

CERTIFICATION OF ELIGIBILITY

The counselor must include a formal certification statement signed and dated by the ARS counselor in each individual's record of services indicating eligibility for VR, Trial Work or EE services.

The Certificate of Eligibility must be completed simultaneously with an individual's acceptance for VR services, Trial Work or EE. As a minimum, the Certificate of Eligibility will contain the client's name, client's social security number, date of eligibility, and a statement of mental or physical impairment with resulting limitations.

COMPLETION OF PRELIMINARY DIAGNOSTIC STUDY

The counselor completes the preliminary diagnostic study when enough information is obtained to write the Certificate of Eligibility or Ineligibility.

PROCEDURES – CERTIFICATE OF ELIGIBILITY

- To determine functional limitations, priority should be given to existing information.
- Complete the Certificate of Eligibility for VR, Trial Work Experience, or Extended Evaluation services signed and dated by the counselor. {Form RS-600-B (1)} (See Appendix E)
- The Certificate of Eligibility must be placed in the individual's file. (See Section X)
- Case notes narrative should be made to reflect Status 10 (VR) or Status 06 (Trial Work Experience or Extended Evaluation). (See Appendix E)
- Key ARIMIS data for Status 10 (VR) or Status 06 (Trial Work Experience or Extended Evaluation). (See ARIMIS the case management system.)
- ~~ARIMIS will only allow 90 days in Status 10. (If the time is exceeded, the counselor must email justification and required ARIMIS data to the District Manager requesting movement to Status 04, 12, or 30. The District Manager will email the request to the Chief of Field Services.)~~

Note: Under presumptive eligibility, the Certificate of Eligibility will be completed with documented verification that the consumer is a recipient of SSI/SSDI benefits.

CERTIFICATION OF INELIGIBILITY

When clear and convincing evidence establishes that an applicant does not meet the VR eligibility conditions or intervening reasons prevent eligibility determination (i.e. applicant does not follow through with assessment, individual physical, educational, or medical records unavailable, applicant does not appear for scheduled appointments, for plan development, etc.) the counselor must include a formal Certificate of Ineligibility in the individual's record of services. This Certificate of Ineligibility will be dated and signed by the counselor. ~~Ineligibility certification will be made only after full participation with the individual or, as appropriate, their representative, or after an opportunity for consultation.~~ The counselor will notify the applicant in writing of the action taken, or by other appropriate modes of communication consistent with the informed choice of the individual, including the reasons for the ineligibility determination. When appropriate, referral will be made to other agencies and programs that are part of the One-Stop service delivery system under the Workforce Investment Act. **Note: For procedures see Closure Section VIII.**

APPEAL/INELIGIBILITY DETERMINATION

The individual may appeal the ineligibility determination. The counselor will provide the individual with information on the means, by which an appeal can occur, including informal and formal due process procedures, such as administrative review, mediation and review by an impartial hearing officer. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program. (See Due Process Section XIV) 34 C.F.R. § 361.41

Note: An Annual Review is required on a case that has been closed as incapable of achieving an employment outcome due to the severity of disability. This review need not be conducted if the individual refuses to participate, no longer resides in the state, or the whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal. 34 C.F.R. § 361.43(e)

ORDER OF SELECTION

Under the Vocational Rehabilitation Act (Title IV of the Workforce Investment Act of 1998) certain state Vocational Rehabilitation agencies are required to have an order of selection. An order of selection requires that a priority be given to individuals with the most significant disabilities in the provision of vocational rehabilitation services. The order of selection is required in the event that the state is unable to provide the full range of vocational rehabilitation services to all eligible individuals or, in the event that vocational rehabilitation services cannot be provided to all eligible individuals in the State who apply for the services. ARS has determined that there are insufficient funds to provide services to all eligible individuals within the State.

The ARS Order of Selection assures the highest priority in service provision is reserved for eligible individuals with the most significant disabilities. Services and expenditures are closely monitored to enable the ARS Commissioner to close or open priority categories as deemed appropriate. This will assure services are continued for cases determined eligible and receiving services under an Individualized Plan for Employment. Adequate funds will be reserved to provide diagnostic services for all applicants to determine eligibility and category placement.

Description of Priority Selection

The Order of Selection priority categories, justification for each, outcome and service goals are listed below:

ARS will provide services based on an Order of Selection on a statewide basis. The ARS Order of Selection assures clients in Priority I and II will have first priority for the provision of services. If funds become available, individuals in Priority III may receive services.

Rehabilitation clients who have an Individualized Plan for Employment (IPE) for vocational rehabilitation (VR) services or extended evaluation (EE) services in place prior to the implementation of the Order of Selection policy will receive services as recorded in their IPE.

Priority Category I - Most Significantly Disabled

An eligible individual with a most significant disability is defined as one who has a significant physical or mental impairment which:

1) Seriously limits at least three functional capabilities (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of

employment outcome;

2) Whose vocational rehabilitation can be expected to require multiple VR services* over an extended period of time**; and

3) Who has one or more physical or mental disabilities as defined below***.

Priority Category II - Significantly Disabled

An eligible individual with a significant disability is defined as one who has a significant physical or mental impairment which:

1) Seriously limits two functional capacity area (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;

2) Whose vocational rehabilitation can be expected to require multiple VR services* over an extended period of time**; and

3) Who has one or more physical or mental disabilities as defined below***.

Priority Category III – Non-Significantly Disabled

An eligible individual with a non-significant disability is defined as one who has a significant physical or mental impairment which:

1) Seriously limits one functional capacity area (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;

2) Whose vocational rehabilitation can be expected to require multiple VR services* over an extended period of time**; and

3) Who has one or more physical or mental disabilities as defined below***.

Definitions:

* Two (2) or more major VR services, i.e. counseling, guidance, assistive technology, physical or mental restoration, training, and placement.

** 90 days or more from the date services are initiated.

*** One or more physical or mental disabilities resulting from: amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.

PRIORITY OF CATEGORIES TO RECEIVE VR SERVICES UNDER THE ORDER

ARS will provide services based on an Order of Selection on a statewide basis. The ARS Order of Selection assures clients in Priority I and II will have first priority for the provision of services. If funds become available, individuals in Priority III may receive services. Rehabilitation clients who have an Individualized Plan for Employment (IPE)

for vocational rehabilitation (VR) services or extended evaluation (EE) services in place prior to the implementation of the Order of Selection policy will receive services as recorded in their IPE.

~~If ARS is unable to provide the full range of vocational rehabilitation services to all eligible individuals, the Agency will operate under an Order of Selection. ARS will provide services based on an Order of Selection on a statewide basis. The Order of Selection assures that individuals with the most significant disabilities will be selected first for the provision of vocational rehabilitation services. Under an Order of Selection, ARS will designate which priority categories will be served based on availability of resources. The Chief of Field Services will notify the Field staff when the category served is raised or lowered. A copy of the notification will be filed under the eligibility tab (9) in the client file for documentation. Changing conditions may cause a category that has already been assigned to be reclassified downward or upward.~~

~~In determining priority category, individuals are placed in the highest category for which they qualify. All individuals will be informed of the priority category for which they qualify. Rehabilitation clients who have an IPE for VR, Trial Work or EE services in place prior to the implementation of the Order of Selection policy will receive services as recorded in their IPE. Individuals who are not served due to the priority under the Order of Selection will be referred by the counselor to Workforce Investment Programs or other agencies for consideration of benefits/services.~~

~~The individual may appeal the determination of the priority category placement. ARS will provide the individual with information on the appeal process including informal and formal due process procedures, such as administrative review, mediation and review by an impartial hearing officer.~~

~~PRIORITY CATEGORY I - MOST SIGNIFICANTLY DISABLED~~

~~An individual with a most significant disability is defined as one who has a significant physical or mental impairment which:~~

- ~~1) seriously limits two or more functional capabilities (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;~~
- ~~2) whose vocational rehabilitation can be expected to require multiple VR services* over an extended period of time; and~~
- ~~3) Who has one or more physical or mental disabilities as defined below.~~

~~PRIORITY CATEGORY II - SIGNIFICANTLY DISABLED~~

~~An individual with a significant disability is defined as one who has a significant physical or mental impairment which:~~

- ~~1) seriously limits at least one functional capacity area (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;~~

- ~~2) whose vocational rehabilitation can be expected to require multiple VR services* over an extended period of time** ; and~~
- ~~3) Who has one or more physical or mental disabilities as defined below***;~~

~~***Definition: One or more physical or mental disabilities resulting from: amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation. 29 U.S.C. 705(21)(A)~~

PRIORITY CATEGORY III - NON-SIGNIFICANTLY DISABLED NEEDING MULTIPLE SERVICES

~~Eligible individuals who are non-significantly disabled whose vocational rehabilitation is expected to require multiple VR services*.~~

PRIORITY CATEGORY IV - NON-SIGNIFICANTLY DISABLED

~~Eligible individuals who are non-significantly disabled who cannot be classified into a higher priority. (Multiple VR services)*~~

Definitions:

~~* Two (2) or more major VR services, i.e. physical or mental restoration, training, counseling and guidance, or placement.~~

~~** 90 days or more from the date services are initiated.~~

PROCEDURES - ORDER OF SELECTION

- Eligibility (Status 10) must be established **prior** to applying the Order of Selection.
- Complete the Assessment for Determining Priority Category for Services. (See Appendix E)
- The consumer will be notified in writing of the priority category using the required form letter. The original will be mailed to the individual and a copy will be placed in the case file. (See Appendix E)
- Document the Category placement in the case notes narrative by using the Order of Selection heading.
- If the individual does not meet the level of the priority category necessary to receive services, the individual may choose to be placed in a waiting (list) Status 04, or be referred to other Workforce partners or agencies , or closed in Status 30:

If the individual chooses to be referred to other Workforce partners or agencies:

- Referral will be made to the appropriate Workforce partner.
- Documentation of the referral will be placed in the case file.
- The case will be closed in Status 30 by completing RS600-C.
- Key data for Status 30 in ARIMIS.

If the individual chooses to be placed on a deferred services list (Status 04):

- Documentation of the action taken will be made in the case notes narrative.
- Complete the Certificate of Eligibility. (See Appendix E)
- Key data for Status 04 in the ARIMIS system.
- If funding becomes available, an IPE will be completed and the case moved to Status 12 and services will be provided without further delay.
- If funding is not available, any cases remaining in Status 04 at the end of the fiscal year will be closed in Status 38.

V. ECONOMIC NEED

Hereinafter, any reference to "ARIMIS" and "ARIMIS timelines" shall be replaced with the term "the case management system." Furthermore, any and all references to the term "case notes" shall be replaced with the term "case narrative."

Page

V-1 Changed the age of the individual from 24 to 23.

Normal Living Requirements increased by \$400.

V-3 Changed Pell Student Financial Aid Grant.

V. ECONOMIC NEEDS/COMPARABLE BENEFITS

An individual's economic need is not used to determine eligibility for VR services. An economic needs assessment is used only to determine if the individual can pay any costs of VR services and if so, how much. In all cases, no economic needs evaluation will be applied as a condition for furnishing the following VR services:

- 1) Assessment of rehabilitation needs, including rehabilitation technology, except for those services other than of a diagnostic nature which are provided under extended evaluation;
- 2) Counseling, guidance, and referral services, and
- 3) Placement.

In determining an individual's financial resources, the counselor will identify all resources available to the individual and/or spouse. If the individual is a dependent, the resources of the parents will be determined. If the individual is 24 23 years of age or under and unmarried, the parent(s) assets must be verified with a copy of the parent(s) income tax forms. If the parent(s) do not support the individual, the individual must provide documentation of non-support. If the client's family states the client will not be claimed on next year's income tax, the client will no longer be considered a dependent. The client will be required to verify their source(s) of income to cover their expenses.

EXCEPTION: SSDI and SSI recipients are exempt from financial need; however, the financial resources form should be completed to assess comparable benefits and gather information for federal reporting.

Provision of services conditioned on financial need entails:

- 1) Determination of the individual's financial ability or inability to obtain services, either through individual or other resources;
- 2) Determination of the extent ARS will provide these services to the individual lacking sufficient resources.

A need standard in the form of a Normal Living Requirement (NLR) has been established for different family groups and single individuals living alone. The NLR includes amounts for food, shelter, clothing, household maintenance, routine medical care, personal care, recreation, insurance, and personal taxes.

NORMAL LIVING REQUIREMENT

Number of Persons	Monthly Amount	
1	\$2,800.00	\$3,200.00
2	\$3,200.00	\$3,600.00
3	\$3,600.00	\$4,000.00
(\$400.00 for each additional family member)		

Special Circumstances (conditions) of other expenditures/debts that impose unusual burdens on the client or family's income can be added to the normal living requirement. (Example: medication or medical payments for client or other family members, child support, education expenses, etc.)

Ascertaining an individual's financial resources is an important step in determining ability or inability to pay for rehabilitation services. A resource is considered available only if it is at the individual's disposal when needed. Careful study of the individual's resources is necessary to determine availability.

The provision of certain services to the individual is dependent upon financial need, but the counselor should use discretion upon applying financial need. Stripping the individual of all resources may impair the individual's rehabilitation.

The comparable benefits provision provides VR agencies with an organized method for assessing an individual's eligibility for benefits under other programs. Any benefit available to individuals under any other program to meet, in whole or in part, the cost of any VR service will be utilized. This benefit will be considered only to the extent that it is available and timely.

A "comparable benefit" is not the same as "determination of economic need." In determination of economic need, the objective is to set the conditions for equitably determining the amount, if any, an individual is expected to participate in the cost of the rehabilitation. In the area of comparable benefits, the objective is to give full consideration to alternative funding sources prior to spending VR funds to purchase consumer services.

If the individual refuses to apply for services for which the individual may be eligible or if the individual refuses to accept services from another Agency as a comparable benefit when receipt of such services do not interfere with achieving the rehabilitation objective, ARS cannot provide the services using VR funds.

Federal VR funds cannot be used to pay training costs in institutions of higher education unless every effort has been made to secure financial assistance, in whole or in part, from other funding sources. In all training cases, the record of services must include evidence that applications were made and the individual will or will not receive assistance.

Evidence of approval of receipt of financial assistance may be documented through a financial aid award letter. ~~Provided to each student receiving financial assistance, the~~ This letter originates at the training institution and lists the type/amount received by semester (quarter). Federal law requires students to accept/reject awards by signing on this letter.

Repayable loans should not be considered as a comparable benefit or resource.

Note: Comparable benefits do not include awards and scholarships based on merit.

PROCEDURES - UTILIZING FINANCIAL NEED

- Exempt SSDI/SSI recipients from financial need assessment/requirements.
- The individual must apply for comparable benefits and documentation of benefits must be placed in the case file, i.e., award letter/Pell Student Financial Aid Grant.
- The financial resources form (RS-16) must be completed by the time the IPE is developed.
- For those individuals or the parents of individuals under the age of 24 23 not exempt as recipients of SSI/SSDI, the counselor will verify income by requesting Income Tax returns, copies of earnings statements, PELL Student Financial Aid grant summary or the individual may be required to request their earnings history from the Social Security Administration.
- Any available benefits will be utilized and must be considered in the provision of services.
- Other than diagnostic services, no authorizations will be issued until financial need is verified.
- In all instances where the Pell Grant-Student Financial Aid is utilized, the counselor will utilize the basic cost of education reported from the school that the individual will attend. The applicable PELL Student Financial Aid categories are dependent, on campus, dependent off campus, and independent. The basic costs may include tuition, books, fees, room and board, supplies, and transportation.
- Financial need should be re-assessed and a RS-16 completed at Annual Review or at any time the individual's financial situation changes.

VI. Services

Hereinafter, any reference to "ARIMIS" and "ARIMIS timelines" shall be replaced with the term "the case management system." Furthermore, any and all references to the term "case notes" shall be replaced with the term "case narrative."

Hereinafter, any reference to "Hot Springs Rehabilitation Center (HSRC)" shall be replaced with the term "Arkansas Career Training Institute (ACTI.)" Furthermore, any and all references to the term "SEAT" shall be replaced with "AT @ Work."

Deleted any reference to the K drive

PAGE

VI-1 Deleted 90-Day Client Contact added Three Contacts A Year

VI-3 Provision and Authorization of Services delete Dual Signature requirement

VI-4 Procedures – EMPLOYMENT SERVICES (JOB FINDING/REFERRAL)
delete ARIB and replace with Employment Services Representative

VI-5 Procedure for Placement Services - Deleted a bullet

VI-7 New language regarding title retention on equipment/devices

VI-11 – VI-12 Added documentation requirement within the last 2 years.

VI-11 Added **SUPPORTED COUNSELING RELATED TO WEIGHT** and added:
After 3 months in a weight loss program, at the counselor's discretion and based on little or no success, the client program needs to be modified.

VI-13 Added Deputy Director of Field Operations

VI-14 MEDICATION Delete limits on medication

VI-19 FINANCIAL AID Added clarification on required documentation from the student and when. payment Change Pell grant to Student Financial Aid.

VI-20 & 21ADVANCED DEGREE planning clarification. The decision to obtain an advanced degree must be determined at the time of initial plan development. For example

VI-21 Delete ONLINE COURSE and COLLEGE COUNSELOR – No longer relevant.

VI-22 PROCEDURE – COLLEGE AND UNIVERSITY TRAINING and **VI-23 PROCEDURES-BUSINESS SCHOOLS OR COLLEGES** added

- If specialized equipment ie: computers, software, etc. is purchased, a title of retention will need to be completed. (See Appendix E.)

VI-26 ON-THE-JOB TRAINING added The training fee should be equal or above the

current minimum wage amount.

VI-29 BOOKS AND TRAINING MATERIALS added required math calculators

VI-30 TRANSPORTATION FOR TRAINING SERVICES INCLUDING COLLEGE added
Note: Receipts are required for reimbursement if transportation costs are to be provided directly to the client.

VI-31 TRANSPORTATION FOR DIAGNOSIS INCLUDING SUBSISTENCE WHILE IN TRANSIT added Transportation and meal reimbursement based on the State VR Agency's prevailing rate.

VI-36 Added milestone identifiers and deleted the amounts **PROCEDURES – SUPPORTED EMPLOYMENT SERVICES (SES)**

VI- 43 to 54 Replace SEAT with Assistive Technology Program At @ Work

VI-45, VI-47, VI-48 New language regarding title retention on equipment/devices

VI-46 to 47 PROSTHETIC AND ORTHOTIC DEVICES updated language

VI-52 SPECIAL EQUIPMENT AND MODIFICATION FOR MOTOR VEHICLES
Added sentence regarding driving evaluation

VI-55 HOME MODIFICATIONS AND PROCEDURES – HOME MODIFICATIONS
added

VI. SERVICES

Arkansas Rehabilitation Services highest priority is to provide individualized services to eligible individuals so they can work in full-time competitive employment.

Services will be provided in compliance with Title VI and VII of the Civil Rights Act, The Americans with Disabilities Act and without regard to age, religion, disability, sex, race color or national origin.

SUBSTANTIALITY OF SERVICES

Substantial vocational rehabilitation services are those services, which, provided in the context of the counseling relationship, collectively and significantly contribute to the achievement of an employment outcome consistent with the informed choice of the individual. -

In order for the counselor to show substantial services in a case, the counselor must document the relationships of the provision of services, the criteria for evaluation of the intermediate objectives or steps needed to reach the vocational goal, and the counseling necessary for successful closure of a case. Documentation of substantiality of services in the case file is an on going process. This documentation must be found in the case narrative entries; therefore, the case ~~notes~~ narrative must tell the story of the case and subsequently show the individual's participation and the services provided enabled the individual to become employed.

90-Day Client Contact Three Contacts A Year

There must be three contacts a year, which will include the annual review. The case narrative should be direct face-to-face contact, e-mail conversation, phone conversation with the client, or a letter from the client. If contact with the client is not possible, use a letter to document the counselor's attempts to contact the client leading to closure of the case due to loss of contact. Be sure to document counseling after services have been initiated at least once a year.

Vocational Rehabilitation Services

As appropriate to the vocational rehabilitation needs of each individual and consistent with each individual's informed choice, the following vocational rehabilitation services are available:

- 1) Assessment for determining eligibility and priority for services;
- 2) Assessment for determining vocational rehabilitation needs;
- 3) Vocational Rehabilitation counseling and guidance, including personal adjustment counseling, to maintain a counseling relationship throughout the program of services for an individual with a disability; and the referral necessary to help the individual with a disability secure needed services from other

agencies when such services are not available and to advise those individuals about Client Assistance Programs;

- 4) Physical and mental restoration services necessary to correct or substantially modify a physical or mental condition which is stable or slowly progressive;
- 5) Vocational and other training services, including personal and vocational adjustment, books, tools, and other training materials, provided that no training or training services in institutions of higher education (universities, colleges, community/junior colleges, vocational schools, technical institutes, or hospital schools of nursing), may not be paid for with funds under this part unless maximum efforts have been made to secure grant assistance in whole or in part from other sources;
- 6) Maintenance, not to exceed the estimated cost of subsistence, provided in connection with VR services at any time from the date of initiation of services through the provision of post-employment services. Maintenance covers that individual's basic living expenses, such as food, shelter, clothing, and other subsistence expenses that are necessary to support and derive the full benefit of other VR services being provided.
- 7) Transportation, including cost of travel and subsistence during travel (or per diem payments in lieu of subsistence) in connection with transporting individuals with disabilities and their attendants/escorts for the purpose of deriving the full benefit of other VR services being provided. Transportation may include relocation and moving expenses necessary for achieving a VR objective;
- 8) Services to a client's family when necessary to the adjustment or rehabilitation of the client.
- 9) Interpreter services and note-taking services for the deaf, including tactile interpreting for deaf-blind individuals;
- 10) Reader services, rehabilitation teaching services, note-taking services and orientation and mobility services;
- 11) Recruitment and training services to provide new employment opportunities in the fields of rehabilitation, health, welfare, public safety, law enforcement and other appropriate public service employment;
- 12) Job search, placement assistance and job retention services;
- 13) Supported employment;
- 14) Personal assistance services;
- 15) Post-employment services necessary to maintain employment;
- 16) Occupational licenses (including any license, permit or other written authority) required by a State, city or other governmental unit to be obtained in order to enter an occupation or a small business, tools, equipment, initial stocks and supplies;
- 17) Rehabilitation technology services including vehicular modification, telecommunication, sensory, and other assistive technological aids, devices and services;
- 18) Transition Services in accordance with the definition of the term;
- 19) Technical assistance and other consultation services to individuals who are pursuing self-employment, telecommuting or establishing a small business operation as an employment outcome; and,

- 20) Other goods and services determined necessary for the individual with a disability to achieve an employment outcome. 34 C.F.R. § 361.48

PROVISION AND AUTHORIZATION OF SERVICES

~~Dual signatures are required on all authorizations.~~

ARS currently requires District Manager approval on all new counselors (Section XIII, Policy and Procedure Manual). District Manager and/or Administrative approval is also required for several specified purchases and services (Section VI, Policy and Procedure Manual).

~~All other authorizations that do not fall within the scope of prior policy must have a co-signature noted on the authorization. The co-signature should be legible and located under the signature of the authorizing counselor. The co-signature of the District Manager or designated Senior Counselor indicates that the authorization was checked for accuracy and authenticity according to established ARS policy and procedures prior to release.~~

The Authorization/Payment justification should consist of a copy of an invoice/receipt and a notation in the case narrative explaining why the services were necessary.

Written authorization must be made, simultaneously with, or prior to, the provision of the service or goods. **A verbal authorization may be given in an emergency followed immediately by a written authorization.** The written authorization must contain the date of the verbal authorization. An IPE must be written before any services or goods, other than diagnostic or to support diagnostic assessment, can be provided. It is the counselor's responsibility to document case progress throughout provision of services.

NOTE: A benefit will be considered only to the extent that it is available and timely to meet the cost of the particular VR services.

NOTE: The counselor will not approve payment requests until documentation that the service has been provided has been received. Documentation may include medical reports, training progress reports, attendance forms, receipts and/or invoices.

PROCEDURES - PROVISION AND AUTHORIZATION OF SERVICES

- **Before an authorization is issued the counselor must consider the following issues:**
 - Is this service allowable under ARS Policy?
 - What, if any, limitation exists to providing this service?
 - Are there any comparable benefits available to provide the service?
 - Has the counselor verified financial need?
 - What other required references need to be accessed (i.e., fee schedule vendor list)?

- Does the counselor have sufficient funds in the allotment to procure/provide the service and if not, whom does the counselor contact?
- What documentation is needed to procure/provide the service? (i.e., Licensed Medical Consultant (LMC), prior approval, case notes narrative.)
- Document method of calculating cost of services (i.e.: estimates, quotes, recommendations, fee schedule, etc.) and explain why the current service is needed.
- How is the paperwork routed?
- Determine if the vendor is on the ARIMIS in the case management system vendor list. Complete a W-9 if needed.
- Create the authorization in the ARIMIS the case management system.
(See ARIMIS Manual the case management system.)
- The original authorization goes to the vendor, a copy is placed in the case file, and the individual may be provided a copy.
- When service is received, along with the billing statement, verify the individual received service, then process for payment

VOCATIONAL REHABILITATION COUNSELING AND GUIDANCE

The counselor will write a program for a "vocational rehabilitation counseling, guidance, placement, and follow-up" case. The program will outline in the criteria for evaluation of progress toward the employment outcome the counseling process and anticipated results. Documentation of counseling progress will be placed in the record of services. Vocational rehabilitation counseling and guidance services must be provided and documented in all VR cases closed rehabilitated.

PROCEDURE - VOCATIONAL REHABILITATION COUNSELING AND GUIDANCE

- The counselor will document in the case notes narratives the specific progress the individual is making toward the employment outcome.
- The individual's progress will be reviewed every 90 days three times a year.
- ~~ARIMIS will only allow 6 months in Status 14. (If the time is exceeded, the counselor must email justification and required ARIMIS data to the District Manager requesting movement to Status 16, 18, 20, 24, or 28. The District Manager will email the request to the Chief of Field Services.)~~
- Counseling and guidance must be documented in each successful closure.

EMPLOYMENT SERVICES (JOB FINDING/REFERRAL)

A job-finding service is provided when enough information has been given to permit the individual to arrange for a job interview with an employer. A job-finding service is also rendered when ARS directly refers or arranges for the direct referral of the individual to a prospective employer.

PROCEDURES – EMPLOYMENT SERVICES (JOB FINDING/REFERRAL)

- The individual may be referred to, ARIB either an ARS Employment Services Representative or other vendors for employment services in status 12 or 18. The ARS Employment Services Representative coordinator can assist the counselor at this stage in the planning process, but significant involvement of the

~~coordinator~~ ARS Employment Services Representative—may occur when the individual has completed services and is ready for employment.

- The counselor and ~~employment coordinator~~ ARS Employment Services Representative—will assist the individual, singly or in groups, in developing job-seeking skills which would include instructions on how to read the want ads, prepare job resumes, write cover letters and prepare for job interviews.
- The counselor may refer the individual for services from other resources providing job-seeking skills, if appropriate.
- The counselor will document in the case ~~notes~~ narrative the specific progress the individual is making toward the employment outcome.

PLACEMENT SERVICES

Placement services are organized and identifiable attempts to establish or improve the linkage of an individual and a work situation. While employment placement is the VR program goal and usually occurs toward the end of the rehabilitation process, employment planning should be an ongoing process throughout the case services program. **Placement is provided when the individual is referred to and is hired by an employer.** The State VR Agency, ~~Arkansas Rehabilitation Industry and Business~~, the State employment service, One-Stop Arkansas Workforce Centers, or any other job-finding source may provide this service. A key feature of this service is that the individual became competitively employed as a result of the job referral.

PROCEDURES – PLACEMENT SERVICES

- The counselor will assist the individual with employment planning throughout the rehabilitation program.
- The counselor and the ~~employment coordinator~~ ARS Employment Services Representative—will document in the case ~~notes~~ narrative the specific progress the individual is making toward the employment outcome.
- ~~Refer to ARIB in Status 12. The ARIB staff should assist the counselor in the vocational planning process.~~

FOLLOW-UP

The counselor will provide follow-up services to each individual placed in employment to determine if all planned for services have been provided and the VR objective achieved. Follow-up services will include contacts and reports from the individual, employer, and others that provide reports to help the counselor determine if the employment situation is suitable to the individual's needs. The individual must be provided follow up services within a minimum of 90 days and the counselor will have assurance other ARS criteria have been met prior to case closure.

PROCEDURES – FOLLOW-UP

- The counselor or the rehabilitation assistant will maintain contact with the individual and employer to determine if the employment is suitable for the individual.
- The counselor or the rehabilitation assistant will provide supportive services as necessary for maintaining employment.
- The counselor or the rehabilitation assistant will document in the case the specific progress the individual is making toward the employment outcome.

ASSESSMENT SERVICES

Case Service Code for Status 02 - 1110

Case Service Code for Status 04 – 1310

Case Service Code for Status 06 - 1210

Case Service Code for Status 10-22 - 1310

Case Service Code for Status 32 - 1410

Assessment services are those services required to determine an applicant's eligibility for rehabilitation services, priority for services, and to determine the services needed to achieve an employment outcome.

Medical diagnostic services may include:

- 1) medical and surgical examinations;
- 2) dental examinations;
- 3) consultations with and examinations by specialists in all medical specialty fields;
- 4) inpatient hospitalization for study or exploration, not to exceed three days or five days with local medical consultant recommendation;
- 5) clinical laboratory, tests;
- 6) diagnostic x-ray procedures;
- 7) trial treatment for differential diagnosis, stabilization of drug therapy, or determination of feasibility in the case of emotional disturbance;
- 8) maintenance; and
- 9) other medically recognized diagnostic services.

Vocational diagnostic or assessment services may include:

- 1) Referral to a Community Rehabilitation Program for assessment.
- 2) Referral to the ~~Hot Springs Rehabilitation Center~~ ACTI for assessment.

The above listed services may be provided an individual at any time, but normally will be completed during the case investigation process. They may be provided by ARS personnel, obtained elsewhere at no cost to ARS, or purchased by ARS.

RESTORATION (PHYSICAL/MENTAL) SERVICES

Restoration services mean those medical and medically related services that are necessary to correct or substantially modify within a reasonable period of time, a stable or slowly progressive physical or mental condition. These include surgery, therapy, treatment, and hospitalization.

Prosthetic appliances/devices provided to improve or maintain an individual's ability to work are coded as Rehabilitation Technology Devices.

If an individual has a physical or mental disability with resulting limitations constituting an impediment to employment which, in the opinion of competent medical personnel, can be removed by restoration services without injury to the individual, the individual is not eligible for any ARS services except counseling, guidance and placement if the **individual refuses to accept** the appropriate restoration services.

PHYSICAL RESTORATION SERVICES PURCHASED IN-STATE

ARS will pay for all physical restoration services that are properly authorized. Payment will be made according to the vendors' stated fee, up to but not to exceed, the maximum amount determined by the established ARS Fee Schedules. The fee paid by ARS must be accepted as payment in full by the vendor. The fee paid to physicians for surgical treatment includes 15 days routine post-operative care.

PROCEDURES- PHYSICAL/MENTAL RESTORATION SERVICES

- Documentation of the action to be taken will be made in the case notes narrative.
- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file
- Medical Consultant review is required. (Form RS3-g) (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- If wheelchairs or other durable medical equipment is purchased, a title of retention will be completed and placed in the case file. (See Appendix E).
- Refer to ARS Fee Schedule. ~~for fees. (See Fee Schedule)~~
- Key ARIMIS data for Status 18 46 if needed. (Refer to ARIMIS Manual the case management system.)
- Select appropriate ARS Procedure code.
- Key authorization. ~~in ARIMIS.~~ (Refer to ARIMIS Manual the case management system.)
- When billing statement is received, along with a medical report, key payment in ARIMIS the case management system. (See ARIMIS Manual.)

NOTE: The vendor must agree to accept ARS fees for services.

PHYSICAL RESORTATION SERVICES PURCHASED OUT-OF-STATE

If ARS purchases physical restoration services out-of-state (in this instance Texarkana, TX is considered in the State), the rate paid will not exceed fees paid by the local rehabilitation Agency. ARS will use physicians and facilities that are used by the local state Agency. If fee information is not available, the counselor will contact the nearest out-of-state VR office to determine fees paid for needed services.

PROCEDURES - PHYSICAL/MENTAL SERVICES – OUT-OF-STATE

- Documentation of the action to be taken will be made in the case ~~notes~~ narrative.
- Medical reports and recommendation will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule. ~~for fees. (See Fee Schedule)~~
- Key ARIMIS data for Status 18 46 if needed. (Refer to ARIMIS Manual the case management system.)
- Select appropriate ARS Procedure code.
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When billing statement is received, along with a medical report, key payment in ARIMIS case management system. (See ARIMIS Manual.)
- The medical report will be placed in the case file.

MEDICAL CONSULTANT

In all cases involving medical and surgical treatment, hospitalization, drugs (except for acute medical care), and all medically directed therapies, a written consultation must be obtained from the Medical Consultant.

PROCEDURES – MEDICAL CONSULTANT

- The medical consultant will review medical/psychiatric reports and make recommendations.
- The medical consultant will complete the Medical Consultant form RS3-G.
- The form will be placed in the case file.

MEDICAL, SURGICAL, PSYCHIATRIC, AND MEDICALLY DIRECTED TREATMENT

Case Service Code for Status 06 – 1221

Case Service Code for Status 46 18 –22 – 1321

Case Service Code for Status 32 - 1421

Medical Treatment: After the initial diagnostic medical evaluation, payments may be made to a physician (general practitioner or specialist), clinic, dispensary, or hospital for services provided to the individual. Examples include drugs, biological, or other medical supplies incidental to treatment.

Psychiatric Treatment: After the initial psychiatric diagnostic evaluation, payments may be made to a specialist in neuropsychiatry, a psychiatric clinic or hospital for psychiatric treatment.

Surgical Treatment: Payments may be made for surgical operations and fees for pre-operative care. Payments will be made according to the established ARS Fee Schedule.

Anesthesia: Payments may be made to anesthesiologists and anesthesiologists not included in hospitalization.

University of Arkansas Medical Sciences: Payments for professional services including surgical treatment, anesthesia, pathology, and others provided at the UAMS are to be authorized to the "Medical College Physicians Group."

Physical and Occupational Therapy (PT/OT): ARS will pay for PT/OT services when prescribed and provided by competent medical personnel and when necessary to a VR program. If the expected duration of treatment is more than 30 days, then equivalent services at HSRG ACTI should be considered.

Podiatrist or Chiropractor: ARS will pay for the services of a Podiatrist or Chiropractor only with Medical Consultant approval.

Dental: ARS may purchase dental services including oral surgery when necessary for an individual to participate in or complete a VR program. Available services do not include routine preventive dental care. Services will be purchased consistent with the ARS fee schedule.

EXCEPTION: Insurance benefits must be used first in paying for surgical and medical services. The amount allowed by the ARS Fee Schedule will be authorized followed by the statement "Rehabilitation Services will pay only that part of the authorized amount not covered by the insurance policy up to the maximum amount allowed by the ARS Fee Schedule". ~~Authorization will be based on the ARS Fee Schedule.~~

PROCEDURES – MEDICAL, SURGICAL, PSYCHIATRIC, AND MEDICALLY DIRECTED TREATMENTS

- Documentation of the action to be taken will be made in the case notes narrative.
- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. ~~(See Fee Schedule)~~
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 46 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. ~~in ARIMIS~~. (Refer to ARIMIS the case management system.)
- When billing statement is received, along with a ~~medical report~~, key payment in ARIMIS case management system. (See ARIMIS Manual.)
- The medical report will be placed in the case file.
- Refer to Out of State Policy limitations, if necessary. ~~(See VI. Services Index)~~
- UAMS requires special payment. ~~(See VI. Services Index for UAMS)~~

DIRECTED THERAPY FOR WEIGHT LOSS

ARS may provide services for structured weight loss programs such as Weight Watchers, TOPS, etc or other medical directed programs. The counselor should make every effort to seek out programs in the community that provide supportive/mental health counseling and address significant lifestyle changes including diet, exercise and behavior modification. **The counselor will consult with the District Manager for approval of the treatment program and negotiated costs.**

PROCEDURES – DIRECTED THERAPY FOR WEIGHT LOSS

- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E).
- Counselor will negotiate reasonable fees with the vendor.
- ~~The counselor will secure the approval of the District Manager.~~
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 46 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. ~~in ARIMIS~~. (Refer to ARIMIS the case management system.)
- Refer to Out of State Policy limitations, if necessary. ~~(See VI. Services Index)~~
- UAMS requires special payment. ~~(See VI. Services Index for UAMS)~~

GASTRIC RESTRICTIVE OR BYPASS SURGERY AS TREATMENT FOR MORBID OBESITY

Individuals requesting assistance from ARS for gastric restrictive, lap band or bypass surgery as a method of treatment for morbid obesity are to be informed the procedure is a major operation with the potential of both short-and long-term complications.

Any decision to use surgery as a treatment for morbid obesity requires assessing the risk-benefit by an experienced physician(s). Candidates for the procedure should be judged as having a low probability of success using non-surgical measures as demonstrated by failure in an established weight control program(s). Such programs might include in various combinations behavior modification, exercise, low- or very low-calorie diets, and drug therapy.

A diagnosis of morbid obesity alone does not indicate an individual is an appropriate candidate for this procedure. High-risk conditions such as significant diabetes mellitus, obstructive sleep apnea, obesity-related cardiomyopathy and joint disease would increase the likelihood an individual would be an appropriate candidate for gastric restrictive, lap band or bypass surgery.

Individuals with a diagnosis of morbid obesity may be eligible for restoration services if all the following criteria are met:

- 1) Have a Body Mass Index (BMI) of at least 55 (BMI is an individual's weight in kilograms divided by his/her height in meters squared),
- 2) Have an associated high-risk co-morbid condition(s);
- 3) Have documentation the morbid obesity has been present for a minimum of 5 years;
- 4) Have documentation from a treating physician of failure by the individual in a structured weight loss program while under that physician's care for a minimum of 1 year; and this documentation must be within the last 2 years.
- 5) Counselor's impression that the individual is well motivated and understands the risks associated with the surgical procedure and the restricted eating habits which will follow.
- 6) If the individual has demonstrated success in a structured weight loss program in the past, the Counselor will be required to assess the appropriateness of the gastric restrictive, lap band or bypass procedure Re-enrollment in a structured weight loss program should be explored.

SUPPORTED COUNSELING RELATED TO WEIGHT

After 3 months in a weight loss program, at the counselor's discretion and based on little or no success, the client program needs to be modified.

PROCEDURES – GASTRIC BYPASS SURGERY

- Obtain a general medical assessment or current medical information that documents the individual's diagnosis of morbid obesity and any other high-risk co-morbid conditions.
- Obtain a Mental Health Assessment that indicates the individual does not have a mental health condition that might preclude this restoration service.
- Obtain documentation from a treating physician of the individual's failure in a structured weight loss program for at least 1 year (this documentation must be within the last 2 years.) and the presence of morbid obesity for at least 5 years.
- Documentation of co-morbid conditions by an appropriate physician with a statement of recommendation for weight loss surgery.
- Obtain medical reports that document the need for referral to a surgeon for an assessment to determine the appropriateness of gastric restrictive, lap band, or bypass surgery.
- Obtain an examination from a surgeon proficient in gastric restrictive, lap band, and bypass procedures that documents the individual is an appropriate candidate for this procedure.
- Assess the individual regarding motivation for the procedure and understanding of the associated risks.
- The Counselor will submit received reports and documentation for review and approval by the Medical Consultant.
- The Counselor will submit a memorandum to the District Manager with the reports and all required documentation requesting approval for the procedure. As a part of the memorandum the counselor will provide the District Manager the counseling issues to be addressed during the restoration and recovery process.
- If the District Manager agrees that all the required documentation is present and the individual meets ARS eligibility and Order of Selection requirements, the individual is an appropriate candidate for the procedure, and agrees with the identified counseling issues, the District Manager will provide the Counselor a memorandum of approval.
- If the District Manager does not agree the individual meets eligibility and Order of Selection criteria, is not an appropriate candidate for the requested gastric restrictive or bypass procedure, or is of the opinion that the identified counseling issues are inadequate or inappropriate, a memorandum of denial will be sent to the counselor notifying the counselor of the decision.
- If the District Manager approves, the Counselor will proceed as with any other physical restoration case.
- During the recovery process the Counselor will be required to document a minimum of 3 counseling sessions prior to case closure.
- It is recommended that the case be placed in post-employment status so that necessary counseling and follow-up can take place to ensure optimum benefits from the procedure.

NOTE: If the referred case has serious medical problems that pose serious consequences due to delay of case processing, an administrative exception may be requested.

COCHLEAR IMPLANTS

Requirements:

- Complete psychological exam to determine emotional and mental stability of the individual.
- Document evidence from the individual or employer that the procedure would remove any significant vocational impediment.
- Document counseling with medical personnel and a peer in regard to after effects and adjustment to the procedure.
- Document post-operative aural rehabilitation plan.
- Refer required documentation to District Manager, Deputy Director of Field Operations and Chief of Field Services and ~~Chief of Staff~~ for approval.

SURGICAL AND HOSPITAL INSURANCE

Insurance benefits must be used first in paying for surgical and medical services. The amount allowed by the ARS Fee Schedule will be authorized followed by the statement.

"Rehabilitation Services will pay only that part of the authorized amount not covered by the insurance policy up to the maximum amount allowed by the ARS Fee Schedule". Authorization will be based on the ARS Fee Schedule.

~~NOTE: SEE FEE SCHEDULE ON THE K DRIVE~~

CONSULTATION

For diagnostic purposes, the attending physician may consult with another specialist. The counselor must have a recommendation for consultation and prior authorization is required.

POST-OPERATIVE REPORTS

It is the counselor's responsibility to obtain a post-operative report or narrative letter prior to processing the final payment.

MINOR SURGERY BY GENERAL PRACTITIONERS

ARS may pay general practicing physicians for minor surgery, such as the opening of a superficial abscess or removal of a superficial tumor or cyst.

MEDICATION

Case Service Code for Status 02 - 1110

Case Service Code for Status 06 - 1221

Case Service Code for Status ~~46~~ 18 - 22 – 1321

Case Service Code for Status 32 – 1421

~~Medication during assessment will be limited to not more than 60 days.~~

Medication can be provided throughout the ~~active~~ VR program and 30 days following placement.

The counselor must document the ongoing medication need either through the Medical Consultant or the individual's personal care physician. The counselor must actively negotiate for the most economical medication prices.

PROCEDURES – MEDICATION

- Documentation of the action to be taken will be made in the case notes narrative.
- Medical reports and recommendations including prescription will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status ~~46~~ 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. ~~in ARIMIS~~. (Refer to ARIMIS the case management system.)
- Refer to Out of State Policy limitations, if necessary. (~~See VI. Services Index~~)
- UAMS requires special payment. (~~See VI. Services Index for UAMS~~)

SPEECH AND HEARING THERAPEUTIC SERVICES

Case Service Code for Status 06 - 1221

Case Service Code for Status ~~46~~ 18 - 22 – 1321

Case Service Code for Status 32 - 1421

Individuals with organic or inorganic speech and hearing disorders may be scheduled for evaluation and therapy by an approved therapist. The counselor will furnish the therapist with information needed to provide services.

PROCEDURES – SPEECH AND HEARING THERAPEUTIC SERVICES

- Documentation of the action to be taken will be made in the case notes narrative.

- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. ~~(See Fee Schedule)~~
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 46 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. in ARIMIS. (Refer to ARIMIS the case management system.)
- Refer to Out of State Policy limitations, if necessary. ~~(See VI. Services Index)~~
- UAMS requires special payment. ~~(See VI. Services Index for UAMS)~~

HOSPITALIZATION, CONVALESCENT CARE AND NURSING SERVICES

Case Service Code for Status 06 – 1222

Case Service Code for Status 46 18 - 22 – 1322

Case Service Code for Status 32 - 1422

ARS will pay for inpatient or outpatient hospitalization, including blood, in Arkansas hospitals according to current Medicaid fees or other fees established.

ARS will pay for the day an individual enters the hospital, but not the day on which the individual is discharged.

PROCEDURE - HOSPITALIZATION, CONVALESCENT CARE AND NURSING SERVICES

- Documentation of the action to be taken will be made in the case notes narrative.
- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. ~~(See Fee Schedule)~~
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 46 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. in ARIMIS. (Refer to ARIMIS the case management system.)
- Refer to Out of State Policy limitations, if necessary. ~~(See VI. Services Index)~~
- UAMS requires special payment. ~~(See VI. Services Index for UAMS)~~

CONVALESCENT OR NURSING HOME CARE

Case Service Code for Status 06 – 1222

Case Service Code for Status ~~46~~ 18 -22 – 1322

Case Service Code for Status 32 – 1422

If care in a convalescent or nursing home is medically recommended after a period of hospitalization, the arrangements will be noted in the IPE. There will be a re-evaluation of rehabilitation potential within 30 days.

PROCEDURES – CONVALESCENT OR NURSING HOME CARE

- A recommendation from the attending physician must be secured before authorizing for convalescent or nursing home care.
- Documentation of the action to be taken will be made in the case notes narrative.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (~~See Fee Schedule~~)
- Key ARIMIS data for Status ~~46~~ 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. ~~in ARIMIS~~. (Refer to ARIMIS the case management system.)
- Refer to Out of State Policy limitations, if necessary. (~~See VI. Services Index~~)
- UAMS requires special payment. (~~See VI. Services Index for UAMS~~)

HOSPITALIZATION THROUGH COOPERATING AGENCIES

ARS will use hospitalization available through cooperating agencies when feasible. It is the counselor's responsibility to determine if these services are available through the cooperating agencies before obligating ARS for these services.

RADIOLOGY/ PATHOLOGY

Case Service Code for Status 06 – 1221

Case Service Code for Status ~~46~~ 18 -22 – 1321

Case Service Code for Status 32 - 1421

ARS may pay for radiology/pathology services according to the ARS Fee Schedule.

PROCEDURE – RADIOLOGY/PATHOLOGY

- Documentation of the action to be taken will be made in the case notes narrative.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (See Fee Schedule)
- Select appropriate ARS Procedure code.

- Key ARIMIS data for Status 46 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. ~~in ARIMIS~~. (Refer to ARIMIS the case management system.)
- Refer to Out of State Policy limitations, if necessary. (~~See VI. Services Index~~)
- UAMS requires special payment. (~~See VI. Services Index for UAMS~~)

NOTE: If radiology and pathology are provided in conjunction with surgery, the medical consultant review is not necessary for these services since the consultant has already reviewed the recommendation for surgery.

SPECIAL NURSES

Case Service Code for Status 06 - 1223

Case Service Code for Status 46 18 - 22 – 1323

Case Service Code for Status 32 - 1423

ARS may provide nursing service by a registered nurse only if ordered by the attending physician. Practical nurses will be used only when a registered nurse cannot be obtained or if, in the opinion of the attending physician, the services of a registered nurse are not required. ARS may pay the standard rate for this service in the community.

PROCEDURES – SPECIAL NURSES

- Documentation of the action to be taken will be made in the case notes, narrative.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (~~See Fee Schedule~~)
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 46 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. ~~in ARIMIS~~. (Refer to ARIMIS the case management system.)
- Refer to Out of State Policy limitations, if necessary. (~~See VI. Services Index~~)
- UAMS requires special payment. (~~See VI. Services Index for UAMS~~)

CHILDREN'S MEDICAL SERVICES

Any individual who may be eligible for Children's Medical Services and who might need physical restoration will be referred to CMS to determine eligibility. If the individual is eligible for services through CMS, ARS will not provide the services.

TRAINING

Training services are those services needed to prepare an eligible individual for work. These services are individualized and are jointly developed by the individual and counselor through the process of informed choice.

Vocational training includes the following broad categories:

- 1) On-the-job Training
- 2) Short-term Specialized Training
- 3) Vocational/Technical
- 4) Community College
- 5) College/University

It is the policy of ARS to provide "individual-appropriate" training services needed to achieve employment. Individual-appropriate services reflect the unique strengths, priorities, concerns, abilities, capabilities, and career interests of each eligible individual. These individual-appropriate services may be based upon a review, to the extent needed, of the following:

- 1) An analysis of pertinent medical, psychiatric, psychological, neuro-psychological, and other pertinent vocational, education, cultural, social, recreational, and
- 2) Environmental factors, and related functional limitations, that affect the employment and rehabilitation needs of the individual;
- 3) An analysis of the individual's personality, career interests, interpersonal skills, intelligence and related functional capacities, educational achievements, work experience, vocational aptitudes, personal and social adjustments, and employment opportunities;
- 4) An appraisal of the individual's patterns of work behavior and services needed to acquire occupational skills and to develop work attitudes, work habits, work tolerance, and social and behavior patterns suitable for successful job performance; and
- 5) An assessment, through provision of rehabilitation technology services, of the individual's capacities to perform in a work environment, including in an integrated setting, to the maximum extent feasible and consistent with the individual's informed choice.

ARS recognizes that the transition from high school to post-secondary training is a crucial time and is a period of change and stress. Training options beyond the vocational-technical level must have documentation based on the assessment of rehabilitation needs that the individual can be successful in the selected training area.

An individual is eligible for training:

1. if the individual meets basic eligibility requirements;
2. if the individual is mentally, physically, and temperamentally capable of completing the training and performing the resulting job;

3. if the individual has no skill which, within the limitations of the disability, can be used for satisfactory employment;
4. if there is every indication employment can be found in the trade or occupation for which the individual is to be trained; and
5. after every effort has been made to utilize comparable benefits and other resources.

FINANCIAL AID

The counselor will provide general information regarding various alternative-financing sources; however, the individual is responsible for securing financial aid. Documentation must be presented to the counselor prior to the first day of training prior to the school's established payment deadline. This documentation can include: college award letter, Pell Student Financial Aid grant response letter, on-line Student Financial Aid grant printouts or copies of Student Financial Aid grant application forms.

The counselor will utilize the basic cost of education reported from the school that the individual attends. The applicable PELL Student Financial Aid categories are dependent, on campus, dependent off campus, and independent. The basic cost may include tuition books, fees, room and board, supplies and transportation.

The individual will indicate choice of school and course of study in accordance with informed choice by signing the IPE.

NOTE: ARS will not be bound to any agreement or contract the individual entered into prior to signing the IPE.

A threshold of \$5000 has been established per twelve month period beginning with initiation date of the IPE for tuition, required textbooks, academic fees, maintenance, and transportation. For an exception refer to Appendix G. (**Exception:** Medical, dental, veterinary schools and those individuals with special needs may be funded at a higher level.)

COLLEGES AND UNIVERSITIES

Case Service Code – Tuition – for Status 06 – 1231

Case Service Code – Tuition – for Status 18 - 22 – 1331.

Case Service Code – Tuition – for Status 32 - 1431

ARS will assist individuals in pursuing two and four-year College and university training programs in only those colleges and universities accredited by the appropriate accrediting Agency and whose courses will be given full recognition by other accredited colleges and universities. It is the counselor's duty to determine if the selected institution is approved by the State Department of Education or by another qualified accrediting Agency of the state in which it is located.

Preference will be given to institutions in Arkansas. If training is not available within the State, or if there are other circumstances, which the counselor feels justifies out-of-state training, such training will be permitted.

If training is available within the State and the client attends an out-of-state institution, the maximum amount payable will be the same as that paid if the individual would be attending an institution within the State as a full-time student. The cost of tuition, fees, textbooks, maintenance and transportation will not exceed the institution's established education costs.

The cost of private school training will not exceed the cost of State-supported institutions. For training at a private Arkansas institution, ARS may supplement the individual's resources and pay up to, but not more than, training fees at State-supported institutions for a full-time student. If training is not available within the State, ARS may pay the fees charged by the particular out-of-state university or college for a full-time student.

A threshold of \$5000 has been established per twelve month period beginning with initiation date of the IPE for tuition, required textbooks, academic fees, maintenance, and transportation. For an exception refer to Appendix G.

ADVANCED DEGREE

It is ARS policy to assist individuals in obtaining an advanced degree only when this degree is a minimum requirement for the vocational objective. The decision to obtain an advanced degree must be determined at the time of initial plan development. For example: This does not mean that A client whose vocational objective is teaching may not change the objective to superintendent or principal in order to receive further ARS financial assistance.

ARS may assist clients beyond the Bachelor level in occupations that require advanced training for entry level, such as medicine, dentistry, law, etc. and must be determined at the time of initial plan development.

FULL-TIME STUDENT

A full-time student receiving financial support from ARS is one who completes 12 per semester hours or 6 semester hours for per summer term at the college level.

At the counselor's discretion, exceptions may be made when the record of services reveals that, because of the severity of the disability or for other obvious reasons such as schedule difficulties, the need for part-time work or upon the recommendation from the client's physician, school officials, etc., the client cannot be expected to carry 12 hours of course work. Documentation of the exception must be made in the case file.

ONLINE COURSES

~~ARS may provide online college degree program courses if needed to reach the IPE vocational goal.~~

REMEDIAL COURSES

ARS will only pay for a total of 6 semester hours of remedial work. These remedial hours must be completed during the first academic year. The following statement will be placed on authorizations for college tuition "ARS will only pay for 6 hours of remedial work."

SATISFACTORY PERFORMANCE – COLLEGE AND UNIVERSITIES

Any full-time college student who does not complete 12 hours of course work during the regular semester or 6 hours during summer semester with a "C" average (2.0) may be placed on probation for the following semester at the counselor's discretion. If the client is placed on probation and fails to make a "C" average (2.0), college training will be terminated. Failure to do acceptable college course work will result in a re-evaluation of the client's program and the selection of a more realistic vocational objective.

GRADES – COLLEGES AND UNIVERSITIES

The counselor is responsible for obtaining grades. This responsibility should be delegated to the individual. Grades (GPA) will be used as the measure of satisfactory progress and must be provided to the counselor in a timely manner in order to approve the next semester. Responsibilities of College Students Form must be signed by the individual and counselor and placed in the individual's record of services prior to the initial semester and each following fall semester.

Accredited universities/colleges are beginning to offer classes via Internet and other distance education options. These classes can provide college training to individuals with most significant disabilities whose accessibility or environmental needs made traditional campus-based training difficult.

This type of training, however, may be impractical for students who require the reinforcement and motivation of time-scheduled classes and social participation. Because of the many non-accredited correspondence courses offered by businesses or companies, the counselor should evaluate this option carefully.

COLLEGE COUNSELOR

~~At each university and college within the State, ARS has designated a counselor who is called a "college counselor". The college counselor primarily serves as a liaison between the college and ARS. Prior to July 1st of each school year, the college counselor is responsible for securing the current tuition, fees, basic costs of education at the institution and starting dates. The counselor is responsible for entering this~~

~~information on the K Drive in College and Universities Folder. The original Authorization/Billing form will be sent directly to the college.~~

PROCEDURE – COLLEGE AND UNIVERSITY TRAINING

- Documentation of the action to be taken will be made in the case ~~notes~~narrative.
- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter, Pell Student Financial Aid grant response letter, on-line Pell Student Financial Aid printouts or copies of Pell Student Financial Aid grant application forms.
- Complete Annual Review, if appropriate, and documenting any amendments changes to the IPE by completing the Amendment (RS600-C.)
- Update the Financial Resources Form (RS16) at Annual Review, if appropriate.
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- If specialized equipment ie: computers, software, etc. is purchased, a title of retention will need to be completed. (See Appendix E.)
- Refer to the K Drive for the College and University folder for fees.
- Key ARIMIS data for Status 18. (Refer to ARIMIS Manual the case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When the billing statement is received, key the payment into ARIMIS the case management system.
- Refer to Out of State Policy limitations, if necessary.

COLLEGE TEXTBOOKS

Case Service Code for Status 06 – 1230

Case Service Code for Status 18 - 22 – 1330

Case Service Code for Status 32 – 1430

ARS may purchase required textbooks for full-time students who are making satisfactory progress. Authorizations for textbooks must be submitted to the bookstore in a timely manner, usually prior to the beginning of classes. The request for payment from the bookstore must be accompanied by a list of books purchased, individual book price, and the individual's signature.

PROCEDURES – COLLEGE TEXTBOOKS

- Documentation of the action to be taken will be made in the case ~~notes~~narrative.
- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter,

~~Pell Student Financial Aid~~ grant response letter, on-line ~~Pell Student Financial Aid~~ printouts or copies of ~~Pell Student Financial Aid~~ grant application forms.

- Complete Annual Review, ~~if appropriate, and documenting any amendments changes to the IPE by completing the Amendment (RS600-C.)~~
- Update the Financial Resources Form (RS16) at Annual Review, ~~if appropriate.~~
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- ~~Refer to the K Drive for the College and University folder for fees.~~
- Key ARIMIS data for Status 18. (Refer to ~~ARIMIS Manual~~ the case management system.)
- Key authorization in ~~ARIMIS.~~ (Refer to ~~ARIMIS Manual~~ the case management system.)
- When the billing statement is received, key the payment. ~~into ARIMIS.~~
- Refer to Out of State Policy limitations, if necessary.

BUSINESS/COMPUTER SCHOOLS OR COLLEGES

Case Service Code for Status 06 – 1233

Case Service Code for Status 18 - 22 –1333

Case Service Code for Status 32 - 1433

ARS may purchase training for qualified clients in any business school or college capable of providing the training necessary for the client to attain the vocational objective.

Satisfactory performance will be documented by a progress report indicating satisfactory progress in the training program.

PROCEDURES – BUSINESS SCHOOLS OR COLLEGES

- Documentation of the action to be taken will be made in the case ~~notes.~~narrative.
- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter, ~~Pell Student Financial Aid~~ grant response letter, on-line ~~Pell Student Financial Aid~~ printouts or copies of ~~Pell Student Financial Aid~~ grant application forms
- Complete Annual Review, ~~if appropriate, and documenting any amendments changes to the IPE by completing the Amendment (RS600-C.)~~
- Update the Financial Resources Form (RS16) at Annual Review, ~~if appropriate.~~
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- If specialized equipment ie: computers, software, etc. is purchased, a title of retention will need to be completed. (See Appendix E.)
- ~~Refer to the K Drive for the College and University folder for fees.~~

- Key ARIMIS data for Status 18. (Refer to ARIMIS Manual the case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When the billing statement is received, key the payment. into ARIMIS.
- Refer to Out of State Policy limitations, if necessary.

VOCATIONAL SCHOOL

Case Service Code for Status 06 – 1234

Case Service Code for Status 18 - 22 –1334

Case Service Code for Status 32 - 1434

ARS may purchase training for qualified individuals in any vocational, trade, or technical school capable of providing the training necessary for the individual to attain the vocational objective. If training is available within the State and the individual attends an out-of-state school, the maximum amount payable will be the same as that paid if the individual would be attending an institution within the State as a full-time student.

Satisfactory performance in a non-academic program will be documented by a progress report indicating satisfactory progress in the training program.

ONLINE COURSES

ARS may provide online vocational courses if needed to reach the IPE vocational goal.

PROCEDURES – VOCATIONAL SCHOOL

- Documentation of the action to be taken will be made in the case notes narrative.
- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter, Pell Student Financial Aid grant response letter, on-line Pell Student Financial Aid printouts or copies of Pell Student Financial Aid grant application forms.
- Complete Annual Review, if appropriate, and documenting any amendments changes to the IPE by completing the Amendment (RS600-C.)
- Update the Financial Resources Form (RS16) at Annual Review, if appropriate.
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to the K Drive for the College and University folder for fees.
- Key ARIMIS data for Status 18. (Refer to ARIMIS Manual the case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When the billing statement is received, key the payment. into ARIMIS.
- Refer to Out of State Policy limitations, if necessary.

COSMETOLOGY/BARBER SCHOOL

Case Service Code for Status 06 -1234

Case Service Code for Status 18-22 – 1335

Case Service Code for Status 32 - 1434

ARS may purchase training for qualified individuals in cosmetology/barber schools capable of providing training necessary for the individual to attain the vocational objective. ARS requires a copy of the schools program costs and Pell-Student Financial Aid grant eligibility or ineligibility be placed in the individual's case file by the time of plan development. Tuition will be authorized and paid at an hourly rate. Billing will be processed only with receipt of a monthly progress report verifying the number of hours the individual attended.

The District Manager's approval is required if extenuating circumstances occur such as changes or expenses beyond the agreed rate, or additional training time to meet the required 1500 hours.

Satisfactory performance in a non-academic program will be documented by a progress report indicating satisfactory progress in the training program.

PROCEDURES - COSMETOLOGY/BARBER SCHOOL

- Key ARIMIS data for Status 18 (Refer to ARIMIS Manual case management system.)
- Documentation of the action to be taken will be made in the case notes-narrative.
- A copy of the school's program costs will be placed in the case file by the time of plan development.
- The case record must document the school's Student Financial Aid eligibility or ineligibility.
- The award/denial letter/Student Financial Aid will be obtained and placed in the case file
- Complete Annual Review, ~~if appropriate~~, and documenting any amendments changes to the IPE by completing the Amendment (RS600-C.)
- Update the Financial Resources Form (RS16) at Annual Review, ~~if appropriate~~.
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- ~~Refer to the K Drive for the College and University folder for fees.~~
- Key ARIMIS data for Status 18. (Refer to ARIMIS Manual the case management system.)
- Key authorization in ~~ARIMIS~~. (Refer to ARIMIS Manual the case management system.)
- When the billing statement is received, key the payment. ~~into ARIMIS~~.

- Refer to Out of State Policy limitations, if necessary.

ON-THE-JOB TRAINING

Case Service Code for Status 06 - 1235

Case Service Code for Status 18 - 22 - 1335

Case Service Code for Status 32 - 1435

Vendors used for on-the-job training must be reputable, established firms that can supply the individual training in the selected job. The counselor must choose only those training sites that have:

- 1) proper equipment,
- 2) sufficient work to ensure adequate practice for the individual to reach proficiency,
- 3) the trainer must possess the knowledge, skill, and ability to train the individual,
- 4) daily training period long enough for the individual to acquire the necessary skills.

The counselor will consider:

- 1) the personality and skill of the trainer,
- 2) attitude toward rehabilitation and the individual,
- 3) past success in training individuals, and
- 4) willingness of the employer to hire the individual when trained.

Arkansas Rehabilitation Services will pay an On-the-Job training fee to the vendor for providing instruction to the individual to help them reach a skilled proficiency level in the work area selected. **ARS does not pay the individual's salary or wages.** ARS pays a training fee to the vendor or employer for on-the-job training services.

The vendor must put the individual on the payroll and pay the same starting wage that is paid to other new employees. The training fee should be equal or above the current minimum wage amount. The individual must be offered the same benefits as other employees. The trainee has the same responsibilities as all other employees.

Satisfactory performance in a non-academic program will be documented by a progress report indicating satisfactory progress in the training program.

PROCEDURES ON-THE-JOB

- The counselor will negotiate with the vendor the training fee and the length of On-the-Job program. The fee and time period should be kept to a minimum.
- Documentation of the action to be taken will be made in the case notes narrative.
- Refer to ARS Vendor List or secure W-9 from new vendor.

- Key ARIMIS data for Status 18 (Refer to ARIMIS Manual case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When the billing statement is received, key the payment into ARIMIS into the case management system.
- The training vendor will provide a progress report to the counselor with appropriate billing forms. The counselor will not process payment for On-the-Job training without proper progress reports.

ADJUSTMENT TRAINING

Case Service Code for Status 06 – 1236

Case Service Code for Status 18 - 22 –1336

Case Service Code for Status 32 - 1436

This is training which will help the individual adjust to a particular situation hindering his/her ability to work. Included would be work conditioning, developing work tolerance, mobility training, remedial training, literacy training, lip reading, Braille, etc.

PROCEDURES – ADJUSTMENT TRAINING

- Documentation of the action to be taken will be made in the case notes-narrative.
- Complete applicable vendor referral form.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for Status 18 (Refer to ARIMIS Manual case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- The training vendor will provide a progress report to the counselor with appropriate billing forms. The counselor will not process payment for the adjustment training without proper progress reports.

NOTE: Training in the use of Rehabilitation Technology Devices would be coded Rehabilitation Technology Services.

MISCELLANEOUS TRAINING

Case Service Code for Status 06 – 1237

Case Service Code for Status 18 - 22 –1337

Case Service Code for Status 32 - 1437

This category includes academic training on secondary education level or lower, as well as, specialized academic schools for persons who are blind or deaf. It also includes training not listed in the above categories, such as correspondence study. Only a few individuals are able to satisfactorily pursue a correspondence study course; therefore,

ARS personnel regard this method as impractical in most cases. There may be exceptions if justified by specific conditions.

The correspondence method may be used if:

- 1) training cannot be arranged by any other method;
- 2) the individual needs preliminary training, which may be obtained more practically and efficiently by correspondence, prior to entering another training method; or
- 3) satisfactory living arrangements cannot be made to secure training by any other method.

The following criteria will be used for those individuals considered for correspondence training:

- 1) an intense interest in the chosen work field,
- 2) sufficient intelligence indicated by standardized tests or past academic performance,
- 3) some previous knowledge of, or experience in, the chosen field,
- 4) adequate time to devote to course study, and
- 5) full-time must be 12 hours and maintain a GPA of 2.0 per semester.

For college correspondence training, fees will be determined by the number of "credit hours" and the institution's rate. The published fees of the selected college will be the maximum paid by ARS. Fees will be paid when the college submits a bill.

In paying for correspondence courses other than college, the total cost of the training will be divided by the number of lessons. **ARS payment will be made as lessons are completed.** Counselors are responsible for negotiating with correspondence study vendors to ensure agreement with this payment plan.

If correspondence training is selected, the counselor must obtain the District Manager's approval.

PROCEDURES – MISCELLANEOUS TRAINING

- Documentation of the action to be taken will be made in the case notes narrative.
- Complete Annual Review, ~~if appropriate,~~ and documenting any amendments changes to the IPE by completing the Amendment (RS600-C.)
- Update the Financial Resources Form (RS16) at Annual Review, ~~if appropriate.~~
- Refer to ARS Vendor List or secure W-9 from new vendor.
- ~~Refer to K Drive for College and University Folder.~~
- Key ARIMIS data for Status 18 (Refer to ARIMIS Manual case management system.)
- Key authorization in ~~ARIMIS~~. (Refer to ARIMIS Manual the case management system.)
- Refer to Out of State Policy limitations, if necessary.

- The training vendor will provide a progress report to the counselor with appropriate billing forms. The counselor will not process payment for the training without proper progress reports.
- When the billing statement is received, key the payment into ~~ARIMIS~~ into the case management system.

BOOKS AND TRAINING MATERIALS

Books and training materials will be limited to required textbooks, including required math calculators. ARS will not furnish office supplies such as paper, pencils, pens, glue and file folders.

TRANSPORTATION

Case Service Code for Status 02 – 1191

Case Service Code for Status 06 – 1291

Case Service Code for Status ~~46~~ 18 - 22 –1391

Case Service Code for Status 32 – 1491

Transportation costs for VR services may be paid at the usual rates not to exceed the State allowed rate. Transportation costs can only be paid as an auxiliary service to **core VR services**. **Transportation is not a stand-alone service.**

If public transportation is not available or the individual, because of disability, cannot travel by public transportation, the counselor should make every effort to negotiate an estimated cost of gas only if it is the least expensive travel cost.

This does not apply to taxicab fares within a city, which will be paid at the prevailing rates when necessary and authorized.

NOTE: Transportation for diagnostic services will be coded as diagnostic.

The case record will document justification for the need for the service and include the method of calculating the cost of the service. Receipts or other documentation showing the individual received the service is required before the payment is processed.

TRANSPORTATION FOR PHYSICAL RESTORATION SERVICES

Case Service Code for Status 06 – 1291

Case Service Code for Status ~~46~~ 18 - 22 –1391

Case Service Code for Status 32 – 1491

Transportation for physical restoration services may be paid. Transportation may be paid for checkup visits to a doctor or hospital only when the counselor has prior notice of the necessity of the visit and has authorized each trip.

TRANSPORTATION FOR TRAINING SERVICES INCLUDING COLLEGE

Case Service Code for Status 06 - 1291

Case Service Code for Status 18 - 22 - 1391

Case Service Code for Status 32 - 1491

If the training location is where the individual cannot live at home, transportation costs may be paid for a direct, one-way trip at the beginning of the training session. At the session's conclusion, transportation from the training location to the job site may be paid. ARS may pay bus fare, or if justified by the individual's physical condition, may pay taxi fare to and from the boarding house and training site. Transportation may be paid if the individual lives at home and daily transportation is required. **Note: Receipts are required for reimbursement if transportation costs are to be provided directly to the client.**

TRANSPORTATION FOR PLACEMENT

Case Service Code for Status 20 - 22 - 1391

Case Service Code for Status 32 - 1491

Transportation may be paid for placement or self-employment when necessary for up to 30 days.

AMBULANCE

Case Service Code for Status 06 - 1291

Case Service Code for Status 18 - 22 - 1391

Case Service Code for Status 32 - 1491

ARS will pay for ambulance service only when the attending physician or other health authorities certify the individual cannot safely travel by other public or private transportation or if ambulance service can be secured as cheaply as other transportation.

TRANSPORTATION FOR DIAGNOSIS INCLUDING SUBSISTENCE WHILE IN TRANSIT

Case Service Code for Status 02 - 1110

Case Service Code for Status 06 - 1210

Case Service Code for Status 10 - 22 - 1310

Case Service Code for Status 32 - 1410

Transportation and meals may be paid for transit when required for out of town diagnosis. **Transportation and meal reimbursement based on the State VR Agency's prevailing rate.**

PROCEDURES - TRANSPORTATION

- Documentation of the action to be taken with justification for the service will be made in the case ~~notes~~ narrative.
- Documentation of the method used to calculate the cost of the service will be made in the case ~~notes~~ narrative.
- Receipts or other documentation verifying the individual received the service will be made in the case ~~notes~~ narrative.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to ARIMIS Manual the case management system.)
- Key authorization ~~in ARIMIS~~. (Refer to ~~ARIMIS Manual~~ the case management system.)
- When the billing statement is received, key the payment ~~into ARIMIS~~ into the case management system.

MAINTENANCE

Case Service Code for Status 06 – 1240

Case Service Code for Status ~~16~~ 18 - 22 –1340

Case Service Code for Status 32 - 1440

Maintenance includes payment to cover the individual's basic living expenses such as food, shelter, clothing, health maintenance, and other subsistence expenses essential to determine the individual's rehabilitation needs or to achieve the VR objective.

Maintenance may be provided at any time while the case is in a Trial Work Experience or Extended Evaluation program or an IPE is in effect.

After job placement, maintenance will only be paid until the individual receives their first paycheck. If the individual is self-employed, maintenance is limited to 30 days. **For an exception refer to Appendix G.**

Maintenance payments for training will be reimbursed at the end of a stated period (two weeks, four weeks, one month, or other). Authorization will be made in accordance with the IPE and may be paid to the client's boarding house, landlord, school, etc.

Note: Maintenance for diagnostic services will be coded as diagnostic.

The case record will document justification for the need for the service and include the method of calculating the cost of the service. Receipts or other documentation showing the individual received the service is required before the payment is processed.

PROCEDURES - MAINTENANCE

- Documentation of the action to be taken with justification for the service will be made in the case ~~notes~~ narrative.

- Documentation of the method used to calculate the cost of the service will be made in the case notes narrative.
- Receipts or other documentation verifying the individual received the service will be made in the case notes narrative.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to ARIMIS Manual the case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When the billing statement is received, key the payment into ARIMIS into the case management system.

MAINTENANCE DURING PHYSICAL RESTORATION SERVICES

Case Service Code for Status 06 - 1240

Case Service Code for Status ~~16~~ 18 - 22 - 1340

Case Service Code for Status 32 - 1440

An individual receiving physical restoration services may be eligible for maintenance while away from home.

MAINTENANCE FOR VOCATIONAL PROGRAMS

COLLEGE TRAINING

Case Service Code for Status 06 - 1240

Case Service Code for Status 18 - 22 - 1340

Case Service Code for Status 32 - 1440

Note: An outside substantial source of support must be documented prior to beginning a college program.

ARS may pay college maintenance costs to those individuals eligible under order of selection, provided:

- 1) the assessment for vocational needs indicates that college training is the most feasible training option, and,
- 2) a comprehensive search of similar benefits and alternative funding sources has been completed.

Maintenance services are available at the Hot Springs Rehabilitation Center (HSRC)
Arkansas Career Training Institute (ACTI.)

FULL-TIME VOCATIONAL TRAINING

Case Service Code for Status 06 – 1240

Case Service Code for Status 18 - 22 –1340

Case Service Code for Status 32 - 1440

Maintenance may be paid for an individual in business, trade, technical, or other schools, on – the - job training, and apprenticeship training.

REHABILITATION CENTERS AND FACILITIES

Case Service Code for Status 06 – 1240

Case Service Code for Status 18-22 –1340

Case Service Code for Status 32 - 1440

Maintenance will be paid based on the State VR Agency's prevailing rate.

PLACEMENT

Case Service Code for Status 20-22 –1340

Case Service Code for Status 32 - 1440

After job placement, maintenance may be paid until the individual receives the first paycheck. Maintenance will not continue for more than 30 days after placement unless approved by the District Manager. **For an exception refer to Appendix G.**

PROCEDURES – MAINTENANCE FOR VOCATIONAL PROGRAMS

- Documentation of the action to be taken with justification for the service will be made in the case ~~notes.~~ narrative.
- Documentation of the method used to calculate the cost of the service will be made in the case ~~notes.~~ narrative
- Receipts or other documentation verifying the individual received the service will be made in the ~~notes.~~ narrative.
- Complete Annual Review, ~~if appropriate,~~ and documenting any amendments changes to the IPE by completing the Amendment (RS600-C.)
- Update the Financial Resources Form (RS16) at Annual Review, ~~if appropriate.~~
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to ~~ARIMIS Manual~~ the case management system.)
- Key authorization ~~in ARIMIS.~~ (Refer to ~~ARIMIS Manual~~ the case management system.)
- When the billing statement is received, key the payment ~~into ARIMIS~~ into the case management system.

OTHER SERVICES

Case Service Code for Status 06 – 1290

Case Service Code for Status ~~16~~ 18 -22 –1390

Case Service Code for Status 32 – 1490

Other goods and services include tools, equipment, and initial stock and supplies for vending stands, business and occupation licenses.

PROCEDURES – OTHER SERVICES

- Documentation of the action to be taken will be made in the case ~~notes~~ narrative.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to ~~ARIMIS Manual~~ the case management system.)
- Key authorization ~~in ARIMIS~~. (Refer to ~~ARIMIS Manual~~ the case management system.)
- When the billing statement is received, key the payment ~~into ARIMIS~~ into the case management system.

SUPPORTED EMPLOYMENT SERVICES (SES)

For a detailed discussion of all aspects of Supported Employment and transitional employment for persons who have long-term mental illness (LTMI), counselors are directed to the **Arkansas Guide to Supported Employment Services**.

ARS will provide supported employment services to any individual who is certified as having a most significant disability and for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of that disability; has been determined eligible under Title I; and has been determined by an assessment of rehabilitation needs to have:

- 1) the ability or potential to engage in a training program leading to supported employment;
- 2) a need for on-going support services in order to perform competitive work; and
- 3) the ability to work in a supported employment setting in competitive employment in an integrated setting, or employment in integrated settings in which individuals are working toward competitive employment.

Supported Employment involves full or part-time employment averaging at least 15 hours per week for each pay period. It may be less than 15 hours with District Manager's approval.

The individual is placed in an integrated work setting with no more than eight persons with disabilities. Ongoing support services are provided at least twice monthly at the work site (except for LTMI) after ARS case closure throughout the term of employment.

The 18-month limitation on the provision of supported employment services has been amended to permit extension of this service on a case-by-case basis as determined and documented on the IPE.

Primary job coach components of supported services are:

- 1) Job development involving matching the individual to the job, communicating with family and employers where needed on behalf of the individual, and assisting in the arrangement of transportation.
- 2) Placement, job-site training and support to assist the individual in both acquiring the production skills and general worker traits needed by the employer and in developing positive work relationships with the employer and co-workers.
- 3) Promoting job retention through building employer and co-worker supports for the client, maintaining a job site presence consistent with the individual's needs, and assuring support is accessible to the employer, family or individual where needed.

Choosing the Supported Employment Service Model: Supported employment services can be provided through individual (individual placement, job coach) models or group (enclave, mobile crew) models. For an extensive discussion of these models, counselors are directed to the Arkansas Guide to Supported Employment Services.

Supported Employment consumers may not be considered for post-employment services.

When a job is lost, the counselor should take a new referral. The counselor can re-initiate supported employment services for a former consumer in instances of job destabilization or potential upgrade.

All ARS requirements related to the provision of services will apply in the provision of supported employment services.

ARS funding will cease when an individual meets the supported employment service objectives on the IPE and is stable in employment.

Job stability measures in the Individual Competitive Employment Model are:

- 1) employer satisfaction with job performance;
- 2) completion of the skill training, adjustment, and fading activities of the employment specialist; and
- 3) an average intervention time by the employment specialist of less than 20 percent of the individual's working hours over a 90-day period.

Job stability measures for the Group Models are:

- 1) employer satisfaction with job performance;
- 2) completion of the skill acquisition and work site adjustment phase of the individual's training plan by on-site trainer; and
- 3) intervention on the part of the on-site trainer or supervisor over a 90-day period is directed at maintaining or improving level of production and not at major barriers to successful integration into the host company.

PROCEDURES – SUPPORTED EMPLOYMENT SERVICES (SES)

- Complete the Certificate of Eligibility. (See Appendix E)
- Complete the IPE utilizing informed choice. The counselor will indicate the extended service provider on the IPE at plan development.
- ARS will purchase services on a fee-for-service basis as follows: directed in current Arkansas Guide to Supported Employment:
 - Milestone #1 – Referral/Job Development: \$600.00–to be paid at time of referral by counselor to the provider Agency.
 - Milestone #2 – Job Match: \$1,600.00–upon job placement as agreed by the counselor, individual and provider.
 - Milestone #3 – Stabilization: \$600.00–at point of stabilization Status 22 (stabilization is to be determined by job coach intervention faded to 20 percent) ~~or the individual reaches a plateau of intervention greater than 20 percent and maintaining that level for 60 days.~~

In addition, the individual and the employer must be satisfied with the job placement performance.

- Milestone #4 – Closure: \$1,600.00–after remaining in Status 22 for 90 days and eligible for a successful Status 26 closure.

SUPPORTED EMPLOYMENT SERVICES (SES)-TRANSITIONAL EMPLOYMENT SERVICES (TES)

Transitional Employment Services are for persons with LTMI and provide paid work in a job slot in competitive industry. This service may result in independent competitive employment. ARS sponsored transitional employment must involve an average of 15 hours of work per pay period with the District Manager's approval. Authorizations for Transitional Employment Services will not exceed 125 days over a 12- month period.

PROCEDURES – SES TRANSITIONAL EMPLOYMENT SERVICES

- Complete the Certificate of Eligibility. (See Appendix E.)
- Complete the IPE utilizing informed choice.

- ARS will purchase services on a fee-for-service basis as follows: outlined in procedures above.

- ~~— \$600.00 to be paid at time of referral by counselor to the provider Agency.~~
- ~~— \$1,600.00 upon job placement as agreed by the counselor, individual and provider.~~
- ~~— \$600.00 at point of stabilization Status 22 (stabilization is to be determined by 20 percent intervention by the job coach in comparison to total number of hours worked or the individual reaches a plateau of intervention greater than 20 percent and maintaining that level for 60 days. In addition, the individual and the employer must be satisfied with the job placement performance.~~
- ~~— \$1,600.00 after remaining in Status 22 for 90 days and eligible for a successful Status 26 closure.~~

Primary Agency Fund Codes and their appropriate use for authorizing SE and TES are as follows:

1) Use Title VI-C, Program Code 34 Federal Supported Employment funds to purchase direct and ancillary services for persons who meet all of the criteria for supported employment relating to hours worked, integration, group size, need and availability of post-closure follow along, and severity of disability. Examples of when to use this code are:

- A. Supported Employment services for persons with mental retardation who meet the above criteria.
- B. Supported Employment Services and Transitional Employment Services for persons with LTMI who meet the above criteria.

2) Supported employment services for secondary students. The Agency may plan with and sponsor SES for students who are classified as most significantly disabled and are completing their last year of "formal" education. To provide these services:

- A. The SES must be identified on the IPE, IEP, and ITP, if appropriate, and it results in full/part-time employment.
- B. Vocational awareness/job readiness services, if appropriate, should be identified on the IEP and/or ITP, are considered academic in nature and will not be sponsored by ARS.
- C. During the last 60 days, prior to the student's exit from school, SES as identified on the IPE, IEP, and ITP, if appropriate, may be provided by ARS.
- D. The vendor of follow-along services must be identified on the IPE, IEP, and ITP, if appropriate.
- E. If transportation is needed for the SES, the provider must be identified on the IEP and ITP, if appropriate.

PROVISION, IMPACT AND SCOPE OF SERVICES TO FAMILY MEMBERS

Services may be provided to an individual's family when necessary for the individual to attain the vocational objective. These services must substantially contribute to the individual's rehabilitation. The necessity of service provision to an individual's family should be based on a study of the individual's needs. This includes problems faced by the family in support of the individual's rehabilitation. Substantial impact services are those that allow or increase the opportunity for an individual's use of VR services. Without these services, the individual would be unable to begin or continue the IPE, which may result in delayed employment or unachievable employment. The individual and their family member(s) must be jointly involved in deciding if services to a family member can contribute to the individual's rehabilitation program. In developing the IPE, it is important that both the individual and family members understand the basis for provision of family services, i.e., such services must be necessary to the individual's adjustment or vocational rehabilitation.

While the counselor often sees family members during the preliminary or thorough diagnostic study, these interviews and any incidental advice provided during such sessions are not considered a service to a family member. Rather, such interviews and counseling are part of the process of determining the individual's eligibility for VR or the scope of services to be provided.

Services may include childcare, training, transportation, relocation of the family to an area where work is available for the individual, and any other necessary support services for the individual. These services may include any VR services and may be provided without age restriction of the family members. **Services to family members must be included on the IPE.**

Educating the family on the importance of using personal resources, family support, and other available community resources is essential to the successful completion of the rehabilitation program. Appropriate and available resources should be fully utilized in the provision of services to a individual's family when necessary to the individual's adjustment or rehabilitation. Any contribution by family members to the cost of these services is regarded as participation by the individual.

Although these services are intended for the individual's benefit, the family member(s) will also benefit. A family member with a disability that might qualify the individual for VR services should be considered a prospective ARS consumer.

PROCEDURES – SERVICES TO FAMILY MEMBERS

- The counselor must document in the case ~~notes~~ narrative why services are needed, which family member needs services, what services are needed, how

the services will contribute to the individual's adjustment or rehabilitation, and how services will be secured in accordance with informed choice.

- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS-data for appropriate Status. (Refer to ARIMIS Manual to the case management system.)
- Key authorization in ARIMIS. (Refer to Refer to ARIMIS Manual to the case management system.)
- When the billing statement is received, key the payment into ARIMIS into the case management system.

TERMINATING SERVICES TO FAMILY MEMBERS

Services to family members can be an integral part of the individual's VR, Trial Work Experience or EE program, service termination should be considered when the service no longer substantially contributes to the individual's program or when the individual is rehabilitated.

When the individual has been placed in employment and the case is ready for closure, but services to the family members have not been completed and are still expected to substantially contribute to the individual's rehabilitation program, the case should not be closed until services to family members are completed or terminated.

POST- EMPLOYMENT SERVICES TO FAMILY MEMBERS

Post-employment services to family members may be provided after the individual is rehabilitated if services are necessary to help the individual maintain employment. Post-employment services to family members must be included on an IPE.

POST- EMPLOYMENT SERVICES

Post-employment services may be provided after the individual has been closed as Rehabilitated (Status 26) and needs services to maintain, regain or advance employment. Post-employment services may only be provided to individuals in Status 32. Cases that are closed in Status 26 can only be placed in Status 32.

These services are available to meet rehabilitation needs that do not require a complex and comprehensive provision of services and, thus, should be limited in scope and duration. If more comprehensive services are required, then a new rehabilitation effort should be considered. Post-employment services are to be provided under an amended individualized plan for employment; thus, a re-determination is not required.

NOTE: Procedures to develop a Status 32 closure are covered in the Closure Section VIII.

NOTE: Post-employment services will not exceed 18 months; however an extension of time can be requested from the District Manager, Deputy Director of Field Services, and Chief of Field Services.

PROCEDURES – POST- EMPLOYMENT

- Case must be in Status 32 to provide post-employment services.
- The counselor must maintain contact with the individual, employer, and vendors who may be involved in the provision of services.
- Document in the case ~~notes~~ narrative the justification for post-employment services and the individual's progress in maintaining employment.
- Refer to ARS Vendor List or secure W-9 from new vendor, if needed.
- Key authorization ~~in ARIMIS~~. (Refer to ~~ARIMIS Manual~~ the case management system.)
- When the billing statement is received, key the payment ~~into ARIMIS~~ into the case management system.

TOOLS, EQUIPMENT, INITIAL STOCK, AND CONSTRUCTION

Case Service Code for Status 06 - 1290

Case Service Code for Status 18 - 22 -1390

Case Service Code for Status 32 – 1490

Tools, equipment, initial stock and occupational licenses may be provided for an individual if:

- 1) They are necessary for placing the individual in a job or occupation best suited to that individual's abilities and skills;
- 2) the employer does not ordinarily furnish these articles;
- 3) they are for the individual's exclusive use; and
- 4) if the individual is self-employed, self-employment is the most suitable method of placing the individual in a remunerative occupation.

These articles must be for the individual's own use in work performance and must remain in the individual's possession and control as long as the individual remains in the job or occupation. However, the individual may dispose of initial stock in the ordinary course of business.

A threshold of \$5000 has been established for the purchasing of Tools, Equipment, Initial Stock, and Construction related services. **For an exception refer to Appendix G.**

PURCHASING (State Purchasing Guidelines)

When the purchase exceeds \$5,000.01 but is less than \$10,000 (tax excluded) District Manager approval is required. The counselor will obtain at least three written quotes, complete the RS-357 with a Memo, and submit this information to the District Manager. If less than three quotes are obtained, a statement of explanation will accompany the purchase request. Quote specification details will be consistent to all vendors. The RS-357 will be submitted to the Chief of Field Services for approval. An approved copy of

the RS-357 will be returned to the counselor. Upon receipt, the counselor may issue an authorization.

Exception: If the Central Office provides the counselor with a copy of the State Purchasing Agency's purchase order (contract), a copy of the authorization will not be sent to the vendor.

Exemption: Surgery, treatment, hospitalization; prosthetic devices; professional, technical, and other personal services; room and board; transportation charges; books, manuals; periodicals; and copyrighted educational aids.

PROCEDURES – PURCHASING (State Purchasing Guidelines)

- If the cost of one item or the total cost of like items amount to:
 - \$5,000.01 or more but less than \$10,000 (tax excluded) will require the approval of the District Manager. The counselor will obtain at least three written quotes, complete the RS-357 with a Memo, and submit this information to the District Manager. If less than three quotes are obtained, a statement of explanation will accompany the purchase request. Quote specification details will be consistent to all vendors. The RS-357 will be submitted to the Chief of Field Services for approval. An approved copy of the RS-357 will be returned to the counselor. Upon receipt, the counselor may issue an authorization.
 - \$10,000.01 or more but less than \$25,000 (tax excluded) will require the approval of the Chief of Field Services through the District Manager. The counselor will obtain at least three or more verbal or written quotations and submit this information to the District Manager. If unable to obtain three quotes, a statement of explanation must accompany the purchase request. Quote specification details will be consistent to all vendors.
 - \$25,000.01 or more, the request will be forwarded to the Chief of Field Services. The Central Office will arrange for the purchase. The counselor will determine whether the total cost exceeds \$25,001.00 and, if so, will obtain complete specifications and submit these to the Central Office. Quote specification details will be consistent to all vendors. Brand names may be used as a means of identification and as the basis of specifications only.

Note: The Vendor selected must provide proof of liability insurance, license, and worker's compensation coverage or exemption to comply with State Building Services regulations.

TITLE RETENTION/RELEASE/REPOSSESSION

The individual who is provided durable medical equipment, equipment for training, occupational tools and/or equipment by ARS will sign a Title Agreement listing the tools and/or equipment items provided and specifying that ARS will retain the title. The individual may not sell, mortgage, give away, or dispose of tools and/or equipment provided during the time that ARS retains title. The individual upon receipt of the

authorized goods will sign a Title Agreement form in duplicate with a list of all articles. It is the counselor's responsibility to secure the Title Agreement.

PROCEDURES – TITLE RETENTION

- Complete the Receipt for Occupational Tools and/or Equipment and Title Agreement form. (See Forms Appendix E).
- A copy of the Title Agreement with signature will be placed in the case file and a copy given to the individual.

TITLE RELEASE

The counselor may release the title of durable medical equipment, equipment for training, occupational tools and/or equipment when the case is closed rehabilitated. However, in the counselor's judgment, if it is in the best interest of the individual or ARS, the title may be retained indefinitely. When the title is relinquished, the counselor will submit the original Release of Title Form to the individual. A copy of this form will also be placed in the record of services.

PROCEDURES – TITLE RELEASE

- Complete the Release of Title for Tools and/or Equipment
- The original will be placed in the file and copy will be given to the individual.

REPOSSESSION

The Counselor must repossess all durable medical equipment, equipment for training, occupational tools and/or equipment purchased for an individual if the case does not result in a rehabilitated closure.

PROCEDURES – REPOSSESSION

- The counselor will arrange to reclaim the tools or equipment listed on the Title Retention form.
- The case ~~notes~~ narrative should reflect the action taken.
- The counselor will be responsible for storage of the equipment.
- ~~The Counselor will be responsible for listing the equipment on the K Drive in the Tools and Equipment folder.~~

RETURNED OR DONATED ITEMS

Returned or donated equipment will be made available for counselors across the state to use for other cases.

PROCEDURES — RETURNED OR DONATED ITEMS

The counselor will list the returned or donated item on the K P Drive in the Tools and Equipment folder.

- A counselor who has a need for any of the items will contact the counselor listed on the folder.
- The counselor listed on the K Drive will remove the item from the list once arrangements for the exchange have been made.
- The counselor will document in the case record the disposition of the item even of the individual's file has been closed.

REHABILITATION TECHNOLOGY SERVICES

Assistive technology services must be considered for each individual and if appropriate, referred for an SEAT the Assistive Technology Program AT @ Work evaluation/assessment.

Rehabilitation Technology Services is the systematic application of technologies, engineering methodologies or scientific principles to meet the needs of and address the barriers confronted by individuals with disabilities in areas which include education, rehabilitation, employment, transportation, independent living and recreation. The term includes Rehabilitation Engineering, Assistive Technology Devices, and Assistive Technology Services.

REHABILITATION ENGINEERING

Case Service Code for Status 02 - 1197

Case Service Code for Status 06 - 1297

Case Service Code for Status ~~16~~ 18 - 22 – 1397

Case Service Code for Status 32 - 1497

Rehabilitation engineering is the systematic application of engineering sciences to design, develop, adapt, test, evaluate, apply, and distribute technological solutions to problems confronted by individuals with disabilities in the functional areas, such as mobility, communications, hearing, vision, and cognition, and in activities associated with employment, independent living, education, and integration into the community.

PROCEDURES – REHABILITATION ENGINEERING

- Documentation of the action to be taken will be made in the case ~~notes~~ narrative.
- Complete referral procedures for SEAT's the Assistive Technology Program AT @ Work for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)

- Counselor will meet with individual to discuss findings of assistive technology evaluation in accordance with informed choice and with similar benefits.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into ARIMIS into the case management system.
- Refer to Out of State Policy limitations, if necessary. (See Services VI Index)

ASSISTIVE TECHNOLOGY SERVICES

Case Service Code for Status 02 - 1199

Case Service Code for Status 06 - 1299

Case Service Code for Status ~~46~~ 18 - 22 – 1399

Case Service Code for Status 32 - 1499

Assistive Technology Services are services that directly assist an individual in the selection, acquisition, or use of an assistive technology device. Services included are:

- 1) Evaluation of the needs of individuals including a functional evaluation in his/her customary environment;
- 2) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices;
- 3) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;
- 4) Coordinating and using other therapies or interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- 5) Training or technical assistance for the individual or, where appropriate, the individual's family.
- 6) Training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or others who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities, to the extent that training or technical assistance is necessary to the achievement of an employment outcome by an individual with a disability.

PROCEDURES – ASSISTIVE TECHNOLOGY SERVICES

- Check for appropriate status in ARIMIS the case management system.
- Documentation of the action to be taken will be made in the case ~~notes~~ narrative.

- Complete referral procedures for SEAT's the Assistive Technology Program AT @ Work program for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Counselor will meet with individual to discuss findings of assistive technology evaluation in accordance with informed choice and with similar benefits.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key authorization in ~~ARIMIS.~~ (Refer to ~~ARIMIS Manual~~ the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment ~~into ARIMIS~~ into the case management system.
- Refer to Out of State Policy limitations, if necessary

ASSISTIVE TECHNOLOGY DEVICES

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status ~~46~~ 18 - 22 – 1398

Case Service Code for Status 32 - 1498

These are devices that enable the individual to participate in a rehabilitation program, to complete necessary assessments, or make it possible for the person to work or become more productive. These devices include any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

PROCEDURES – TECHNOLOGY DEVICES

- Check for appropriate status in ~~ARIMIS.~~ the case management system
- Documentation of the action to be taken will be made in the case notes-narrative.
- Complete referral procedures for SEAT's the Assistive Technology Program AT @ Work program for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Counselor will meet with individual to discuss findings of assistive technology evaluation in accordance with informed choice and with similar benefits.
- Medical Consultant review if required. (See Form Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- If assistive technology devices are purchased, a title of retention will be completed and placed in the case file. (See Appendix E)
- Key authorization in ~~ARIMIS.~~ (Refer to ~~ARIMIS Manual~~ the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.

- When the billing statement is received, key the payment into ARIMIS into the case management system.
- Refer to Out of State Policy limitations, if necessary.

PROSTHETIC AND ORTHOTIC DEVICES

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status 16 18 - 22 – 1398

Case Service Code for Status 32 - 1498

Prosthesis means an artificial appliance ~~substitute for a missing body part such as an (arm or leg, eye or teeth), contact lenses, and heart valves~~ used for functional or corrective reasons, or both. Orthotics means an orthopedic appliance or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body. ~~These items include braces, hearing aids, glasses, belts, trusses, corsets and supports, orthopedic shoes, crutches and wheelchairs.~~ For an original or first device, the purchase must be based on the recommendation of a specialist in the appropriate field. In cases of replacement and repair of devices, for individuals with a history of satisfactory device use, and in which the basic examination report indicated no pathological change, this report may be sufficient medical basis for rendering the service.

All new or initial wearers and individuals who have had difficulty wearing a limb may be referred to the HSRC ACTI Amputee Clinic for evaluation. (See Appendix C)

ARS will purchase prosthetic and orthotic devices ~~from vendors~~ certified professionals in the area of expertise by the American Board of Certification on Orthotics and Prosthetics in accordance with informed choice. Artificial arms, legs, and components must be purchased through prosthetists certified by the American Board of Certification on Orthotics and Prosthetics. A list of approved prosthetists will be maintained in the Physical Restoration Manual. Payments will be made according to the established ARS Fee Schedule.

In selecting the vendor, the counselor will consider:

- 1) the individual's ~~wishes based on~~ informed choice,
- 2) the proximity of the vendor to the individual (the vendor should be accessible to the individual for measurements, fittings, adjustments, maintenance and repair) and
- 3) the referral source, if the source is an appropriate vendor.

PROCEDURES – PROSTHETIC AND ORTHOTIC DEVICES

- Check for appropriate status in ARIMIS. the current case management system.
- Documentation of the action to be taken will be made in the case notes narrative.

- Complete referral procedures for SEAT's the Assistive Technology Program AT @ Work for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Counselor will meet with individual to discuss findings of the Assistive Technology Program AT @ Work / ~~Hot Springs Rehabilitation Center~~ Arkansas Career Training Institute evaluation in accordance with informed choice and with similar benefits.
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees and select appropriate code. (~~See L-Code Fee Schedule~~)
- Key authorization in ~~ARIMIS~~. (Refer to ~~ARIMIS Manual~~ the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into ~~ARIMIS~~ into the case management system.
- UAMS requires special payment. (~~See VI. Services Index for UAMS~~)
- Refer to Out of State Policy limitations, if necessary

HEARING AIDS

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status ~~16~~ 18 - 22 - 1398

Case Service Code for Status 32 - 1498

ARS will purchase hearing aids for individuals from licensed dealers or physicians skilled in diseases of the ear after a hearing evaluation by a physician and a hearing aid evaluation by an audiologist. The audiologist's hearing aid evaluation report must specify the type of hearing aid, (~~i.e., behind the ear, or eyeglass~~), the specific brand name, and model. ~~When applicable, the internal and/or external~~ Hearing aid adjustments for a hearing aid purchased will be included as part of the ARS purchase. ~~must also be specified.~~ The individual must indicate vendor choice in accordance with informed choice by signing the application, or IPE.

PROCEDURES – HEARING AIDS

- Documentation of the action to be taken will be made in the case notes narrative.
- Refer individual to audiologist from ARS Vendor list for hearing aid evaluation.
- Counselor will meet with individual to discuss audiologist recommendations in accordance with informed choice and with similar benefits
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Select appropriate ARS Procedure code. (~~See Codes Appendix A~~)

- Key ARIMIS data for Status 46 18, if appropriate. (Refer to ARIMIS Manual to the case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into ARIMIS into the case management system.
- Refer to Out of State Policy limitations, if necessary. (See VI. Services Index)
- UAMS requires special payment. (See VI. Services Index for UAMS)

WHEELCHAIRS

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status 46 18 - 22 - 1398

Case Service Code for Status 32 - 1498

ARS may purchase electric and manual wheelchairs and necessary repairs for the individual to proceed through the rehabilitation process. Wheelchairs will be purchased as prescribe by the treating physician. ~~The counselor is required to obtain three bids and will purchase wheelchairs from the lowest bidder. Purchases for lightweight/sports model chairs may be made from the vendor recommended by the therapist, physician, or other professional completing the prescription if it is the lowest of three bids.~~ Purchases of specific wheelchairs will be consistent with the recommendation of the therapist and/or wheelchair specialist involved. All requests for power wheelchairs will be referred to the ACTI Physical Therapy Department.

PROCEDURES – WHEELCHAIRS

- Documentation of the action to be taken will be made in the case notes narrative.
- Complete referral procedures for SEAT's the Assistive Technology Program AT @ Work for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Counselor will meet with individual to discuss findings of the assistive technology evaluation in accordance with informed choice and with similar benefits
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- If wheelchairs or other durable medical equipment is purchased, a title of retention will be completed and placed in the case file. (See Appendix E)
- Key ARIMIS data for appropriate Status. (Refer to ARIMIS Manual the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)

- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into ARIMIS into the case management system.

REPAIR OF WHEELCHAIRS

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status ~~46~~ 18 - 22 – 1398

Case Service Code for Status 32 – 1498

Repairs of wheelchairs present numerous problems and it will not be possible to provide detailed procedures to cover every possibility. ~~Decision on where repairs may be made will depend upon resources for repairs in various local communities. Usually, it would be more convenient to the individual for minor repairs to be made locally. In general, all repairs should first be addressed through the vendor where the wheelchair was purchased.~~ If this is not possible, arrangements should be made to repair the chair at HSRG ACTI. The counselor and individual will make the decision based on resources and immediacy of the situation in accordance with informed choice.

PROCEDURES - REPAIR OF WHEELCHAIRS

- Documentation of the action to be taken will be made in the case notes narrative.
- Check with the Assistive Technology Program AT @ Work to check for parts in inventory for repair. If not refer to Durable Medical Equipment Vendor for repairs.
- Complete referral procedures for SEAT's the Assistive Technology Program AT @ Work for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ~~ARIMIS~~ data for Status ~~46~~ 18, if appropriate. (Refer to ~~ARIMIS Manual~~ the case management system.)
- Key authorization in ~~ARIMIS~~. (Refer to ~~ARIMIS Manual~~ the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into ARIMIS into the case management system.
- Refer to Out of State Policy limitations, if necessary. (See ~~VI. Services Index~~)
- UAMS requires special payment. (See ~~VI. Services Index~~ for UAMS)

BRACES

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status ~~46~~ 18 - 22 - 1398

Case Service Code for Status 32 - 1498

Braces will be purchased in accordance with informed choice, upon the recommendation of the specific specialist in charge, i.e., an orthopedist in orthopedic cases; a neurologist in neurological cases. Shoes are standard accessories for all leg braces, if the braces attach to the shoes.

These shoes must be included in the brace purchase. Repairs may be authorized for any eligible applicant upon a basic examination only, unless the basic examination indicates other consultations are necessary.

HSRC Hospital Cases - Braces for individuals who plan to enter the Center will not be provided until the individual is enrolled in the Center and as recommended by the HSRC Medical Staff. HSRC Medical Staff will recommend repairs and new braces for Center consumers.

PROCEDURES – BRACES

- Documentation of the action to be taken will be made in the case notes narrative.
- Complete referral procedures for SEAT's the Assistive Technology Program AT @ Work for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Counselor will meet with individual to discuss findings of the assistive technology evaluation in accordance with informed choice and with similar benefits.
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for appropriate Status. (Refer to ARIMIS Manual the case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment ~~into ARIMIS~~ into the case management system.

GLASSES AND ARTIFICIAL EYES

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status 16 18 - 22 - 1398

Case Service Code for Status 32 - 1498

Glasses, artificial eyes and other visual services may be purchased if recommended by a current eye examination performed by an Ophthalmologist or Optometrist, in accordance with informed choice. Glasses may be purchased only when necessary for the individual to complete evaluation, enter or complete a rehabilitation service planned training program, or to enter employment. Glasses, ornamental and/or expensive frames will not be purchased for cosmetic reasons.

Prosthetic eyes may be purchased for either cosmetic effect or functional use. Plastic eyes should be purchased unless there are justifiable reasons for another type.

PROCEDURES – GLASSES/ARTIFICIAL EYES

- Documentation of the action to be taken will be made in the case notes narrative.
- Refer individual to an ophthalmologist from ARS Vendor list for an eye examination.
- Counselor will meet with individual to discuss findings of examination in accordance with informed choice and with similar benefits
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for appropriate Status. (Refer to ARIMIS Manual the case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into ARIMIS into the case management system.

PERSONAL ASSISTANCE SERVICES

Personal Assistance Services is a range of services provided by one or more persons, designed to assist an individual with disabilities to perform daily living activities on or off the job that the individual would typically perform if the individual did not have a disability.

These services may be provided to an individual at any time during the rehabilitation process and may include:

- 1) Attendant

- 2) Interpreter
- 3) Reader

ATTENDANT

Case Code for Status 02 - 1170

Case Code for Status 06 - 1270

Case Code for Status 10 - 24 - 1370

Case Code for Status 32 - 1470

ARS will purchase attendant services in accordance with informed choice provided by one or more persons, designed to assist an individual with disabilities to perform daily living activities on or off the job that the individual would typically perform if the individual did not have a disability. These services may be provided to an individual at any time during the rehabilitation process when prescribed by an attending physician.

PROCEDURES – ATTENDANT

- Documentation of the action to be taken will be made in the case notes narrative.
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for appropriate Status. (Refer to ARIMIS Manual the case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When the billing statement is received, key the payment into ARIMIS into the case management system.

INTERPRETER SERVICES

Case Code for Status 02 - 1171

Case Code for Status 06 - 1271

Case Code for Status 10 - 24 - 1371

Case Code for Status 32 - 1471

ARS may purchase interpreter services for deaf or hearing-impaired individuals involved in a rehabilitation program in accordance with informed choice.

PROCEDURES – INTERPRETER SERVICES

- Documentation of the action to be taken will be made in the case notes narrative.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for appropriate Status. (Refer to ARIMIS Manual the case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)

- When the billing statement is received, key the payment ~~into ARIMIS~~ into the case management system.

READER

Case Code for Status 02 - 1172

Case Code for Status 06 - 1272

Case Code for Status 10 - 24 - 1372

Case Code for Status 32 - 1472

ARS may purchase reader services for deaf or hearing - impaired individuals and visually impaired individuals involved in a rehabilitation program in accordance with informed choice.

PROCEDURES – READER

- Documentation of the action to be taken will be made in the case ~~notes~~ narrative.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for appropriate Status. (Refer to ~~ARIMIS Manual~~ the case management system.)
- Key authorization ~~in ARIMIS.~~ (Refer to ~~ARIMIS Manual~~ the case management system.)
- When the billing statement is received, key the payment ~~into ARIMIS~~ into the case management system.

MOTOR VEHICLES

It is ARS policy not to purchase motor vehicles for an individual or groups of individuals.

SPECIAL EQUIPMENT AND MODIFICATION FOR MOTOR VEHICLES

Case Service Code for Status 06 - 1298

Case Service Code for Status ~~16~~ 18 - 22 - 1398

Case Service Code for Status 32 - 1498

Purchase and installation of special equipment and/or vehicle modification may be provided to enable the individual to drive their vehicle or an immediate family member or a designated attendant to provide the individual transportation if:

- 1) The individual or vehicle operator has a current operator license, proof that insurance will cover equipment and proof of vehicle ownership.
- 2) Equipment is purchased from an approved vendor.
- 3) Equipment purchase and/or vehicle modification is made to enable a individual to participate in an approved full-time VR training program or employment. Needed equipment must be established as a criterion for evaluation of progress toward the employment outcome or covered in an IPE amendment.

- 4) A vehicle more than five (5) years old and/or a vehicle with more than 50,000 miles has been determined mechanically sound. This requirement does not apply to vehicles less than five (5) years old or with less than 50,000 miles.
- 5) An Assistive Technology evaluation from the Assistive Technology Program AT @ Work has been completed upon a counselor's request. The evaluation must include an equipment description or specification.
- 6) The individual has been instructed in safe operation and/or use of equipment by the vendor.
- 7) A threshold of \$5,000 has been established for van modifications, including lift. **For an exception refer to Appendix G.**

The counselor will follow the State Purchasing guidelines.

ARS will purchase **one** van lift and/or van modification per individual regardless of the times a case is reopened. ARS retains title to special equipment until the case is closed. It is the individual and/or family's responsibility to repair the lift and other adaptive equipment after warranty expiration.

In certain situations, the counselor should consider referral of the individual for a driving evaluation to determine their ability to drive and the necessary vehicle modifications required to operate a vehicle. This evaluation should be completed before the vehicle modifications are approved by the Counselor. Driver's training is available at the HSRC ACTI or ARS may purchase driver training from an approved instructor or Agency.

PROCEDURES--SPECIAL EQUIPMENT AND MODIFICATION FOR MOTOR VEHICLES

- Documentation of the action to be taken will be made in the case ~~notes~~ narrative.
- Complete referral procedures for ~~SEAT's~~ the Assistive Technology Program AT @ Work program for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Secure an ~~SEAT~~ the Assistive Technology Program AT @ Work evaluation/assessment recommendation.
- Counselor will meet with individual to discuss findings of assistive technology evaluation in accordance with informed choice and with similar benefits.
- The counselor will follow the State Purchasing guidelines. (See VI. Services Table of Contents)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ~~ARIMIS~~ data for appropriate Status. (Refer to ~~ARIMIS Manual~~ the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment ~~into ARIMIS~~ into the case management system.

NOTE: THIS SERVICE CANNOT BE PLANNED ON THE IPE OR AMENDMENT UNTIL THE ASSISTIVE TECHNOLOGY EVALUATION HAS BEEN PERFORMED.

HOME MODIFICATIONS

ARS will only provide assistance when modifying an individual's place of residence if the individual owns, is buying, or is a long-term renter or in an extended lease of the property. Modifications to the structure of the home will be consistent with American with Disabilities Act (ADA) recommendations. In situations where the person is not the owner or buyer the individual will be responsible for providing in writing landlord approval to make modifications. Modifications to rental property will be restricted to a ramp for the purpose of access/egress. Modifications to an individual's place of residence will be limited to a one time occurrence, whether IL or VR, regardless of the times an individual's case is reopened.

Except for ramps to assist with access/egress, any changes (remodeling) to the home will only occur inside the structure's footprint. Additions to the home are excluded. If the individual, a family member, or caregiver is insistent on an addition to the existing structure it will be the individual's responsibility to provide payment for the addition including all plumbing and electrical costs. ARS can provide technical assistance regarding how to make the addition accessible. If the Counselor is in agreement, ARS can provide support in the purchase of fixtures and related items to assist with toileting, bathing, and related Activities of Daily Living.

Modifications to modular/mobile homes will be limited to construction of wheelchair ramps to assist with access/egress. No construction will be approved inside a mobile home as it may compromise structural integrity.

The individual and or family member will be asked to be part of the solicitation of bids for ARS approved home modifications.

PROCEDURES – HOME MODIFICATIONS

- Check for appropriate status in the case management system.
- Documentation of the action to be taken will be made in the case narrative.
- Complete referral procedures for the Assistive Technology Program AT @ Work program for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Counselor will meet with individual to discuss findings of assistive technology evaluation in accordance with informed choice and with similar benefits.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key authorization. (Refer to the case management system.)
- When the home modification is completed the Counselor will verify the need of individual has been met. Document in case narrative.
- When the billing statement is received, key the payment into the case management system.
- Refer to Out of State Policy limitations, if necessary

VII. Independent Living Rehabilitation Services

Hereinafter, any reference to "ARIMIS" and "ARIMIS timelines" shall be replaced with the term "the case management system." Furthermore, any and all references to the term "case notes" shall be replaced with the term "case narrative."

Hereinafter, any and all references to the term "SEAT" shall be replaced with "AT @ Work."

VII-4 Added new language re: Components of ILRS plan

VII-5 Added Procedures for ILRS plan
Reopening case – sentence deleted

VII-7 to VII-8 Added Policy and Procedure for Motor Vehicles

VII. INDEPENDENT LIVING REHABILITATION SERVICES

DEFINITION AND INFORMATION

Independent Living Rehabilitation Services (ILRS) are any appropriate vocational rehabilitation services (as defined under Title I of the Rehabilitation Act) that will enhance the ability of an individual with a significant disability to live more independently and function within his/her family or community and, if appropriate, secure and maintain appropriate employment.

Services may be provided under this title to any individual whose ability to engage or continue in employment, or whose ability to function independently in the family or community is so limited by the severity of the disability that vocational or comprehensive rehabilitation services are required to significantly improve either the ability to engage in employment or to function independently in the family or community. Priority of services under this part shall be given to individuals not served by other provisions of the Rehabilitation Act.

The term "comprehensive services for independent living" means any appropriate vocational rehabilitation service (as defined under Title I of the Rehabilitation Act) and any other available service that will enhance the ability of an individual with disabilities to live independently and function within the family and community and, if appropriate, secure and maintain appropriate employment. Such service may include any of the following: counseling services, including psychological, psychotherapeutic, and related services; housing incidental to the purpose of this section (including appropriate accommodations to and modification of any space to serve individuals with disabilities; appropriate job placement services; transportation; attendant care; physical rehabilitation; therapeutic treatment; needed prostheses and other appliances and devices; health maintenance; recreational services; services for children of preschool age including physical therapy, development of language and communication skills and child development services; and appropriate preventive services to decrease the needs of individuals assisted under the program for similar services in the future.

If/when an individual is in an institution at the time of referral or enters an institution after they have applied for services, their presence in an institution may affect their eligibility for services. A person's eligibility for ILRS services is based in part on the expectation that the individual will be present and able to participate in services. When a person is in an institution, the counselor may conclude that the person will not be available to take part in a rehabilitation program. The presence of an individual in an institution affects that person's ability to meet the reasonable expectation that ILRS may significantly assist the individual to improve his/her ability to function independently in family or community or to engage or continue in employment and maintain independent functioning. One of the main concerns as an ILRS counselor is the projected length of the person's stay in the institution. For example, if a person is very ill and must enter a hospital for a lengthy stay, is it reasonable to expect they can benefit from services. Examples of institutions in which residents may spend a long period of time are group

home placements, human development centers, prisons, nursing homes, and psychiatric hospitals.

CASE STATUS CLASSIFICATIONS

- 70 Referral/Applicant Status
- 71 Closure from Referral/Applicant Status
- 72 Active Status
- 73 Closure from Active Status (Services Not Completed)
- 74 Closure from Active Status (Services Completed)

ELIGIBILITY

Eligibility requirements will be applied without regard to sex, race, age, creed, color, national origin, or type of disability of the individual applying for services. No group of individuals will be excluded or found ineligible solely on the basis of type of disability. A person who meets basic eligibility requirements cannot be determined ineligible because of their age.

Residence requirements are the same as for VR services.

RESPONSIBILITY FOR DETERMINING ELIGIBILITY

ARS has the sole responsibility for determining the eligibility of individuals for ILR services. This responsibility remains within the Agency and will not be delegated to any other Agency or individual. The Commissioner has delegated the primary duty for this determination to the rehabilitation counselor. The counselor is required to establish documentary evidence to support the decision and must execute a Certificate of Eligibility for ILR Services (RS-600-B-1). In every case, the Certificate of Eligibility for ILR Services must be completed prior to authorization of case service funds except for diagnosis.

BASIC ELIGIBILITY REQUIREMENTS FOR ILR SERVICES

The counselor is required to show the following conditions exist for each individual determined eligible for ILR services:

- 1) The individual has a significant physical or mental disability with resulting functional limitations in activities.
- 2) These significant limitations constitute a substantial impediment to function independently in family or community or to engage or continue in employment.
- 3) There is a reasonable expectation that ILR services may significantly assist the individual to improve his/her ability to function independently in family or community or to engage or continue in employment and maintain independent functioning.

The following paragraphs define the basic criteria:

Significant Physical or Mental Impairment means a physical or mental condition that seriously limits one or more functional capacities (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills) in terms of ability to function independently in family or community or to engage or continue in employment.

Substantial Impediment to Function Independently means an individual's ability to live an independent life is significantly restricted, there is a loss of independence, or an individual needs special help to be independent and that services provided will reduce or correct the resulting functional limitations of the disability, overcome the obstacles to independence and/or will significantly assist the individual to improve his/her ability to function independently in family or community or to engage or continue in employment and maintain independent functioning. Consideration should be given to such factors as medical diagnosis, age, education, appearance, personality, attitude, interest, resources, environment, expressed desires, work history, and work opportunities.

ECONOMIC NEED AND COMPARABLE BENEFITS

Services are based on financial need and comparable benefits will be utilized. Services are intended to be comprehensive and one-time services to enable individuals to live and function independently in the home, family, or community and to maintain employment.

In all cases, comparable benefits must be considered. If assistive technology is needed, referral to SEAT the Assistive Technology AT @ Work program is required for consideration of comparable benefits. (Refer to Appendix B-20).

CERTIFICATE OF ELIGIBILITY

The counselor is required to include a formal statement of certification indicating eligibility for ILR services in the record of services for each individual. This Certificate of Eligibility statement assures the individual has met the requirements. As a minimum, the certificate shall contain the individual's name, date of eligibility and a narrative statement explaining how the counselor arrived at the basic conditions of eligibility. It must be dated and signed by the counselor. The certificate must be completed ~~prior to,~~ or simultaneously with, an individual's acceptance for services.

CERTIFICATE OF INELIGIBILITY

When it has been determined that an individual is ineligible for ILR services, the counselor is required to initiate a Certificate of Ineligibility to close the record of services. Ineligibility certification will be made only after full participation with the individual or, as appropriate, parent, guardian or representative after an opportunity for consultation. This certificate will be dated and signed by the counselor and the individual, their parent/guardian or their representative, then placed in the record of

services. In such cases, the counselor will notify the individual in writing of the action taken. When appropriate, referral will be made to other agencies and facilities. The individual may appeal the ineligibility determination. ARS will provide the individual with information on the means by which the an appeal can occur, including informal and formal due process procedures, such as administrative review, mediation and review by an impartial hearing officer. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program.

The basic reasons for ineligible determinations are:

- 1) The diagnostic evaluation fails to establish a significant disability.
- 2) There is no functional limitation to independent living.
- 3) There is no potential for independent living because the prognosis is unfavorable, services were refused or unavailable, the individual is uncooperative, institutionalized, dies, or cannot be located.
- 4) The counselor should be sure the individual understands the purpose of the program and the services that are available.

ILRS INDIVIDUALIZED PLAN

The counselor must complete a plan for services. ~~See Section IV for plan development.~~

The components that the ILRS plan must contain:

- 1) A specific Independent Living Services goal consistent with informed choice,
- 2) Criteria for evaluation of progress toward the ILRS goal,
- 3) Specific ILRS services,
- 4) Projected timelines for initiation and duration of services,
- 5) Entity to provide services and methods for procurement,
- 6) Responsibilities of the individual.

THE SERVICES, SERVICE PROVIDERS, AND ALL ACTIVITIES SELECTED BY THE INDIVIDUAL MUST BE NECESSARY TO MEET THE ILRS GOAL.

THE INDIVIDUAL OR REPRESENTATIVE MUST SIGN AND DATE THE ILRS PLAN. THE INDIVIDUAL OR REPRESENTATIVE MUST BE GIVEN A COPY OF THE ILRS INDIVIDUALIZED PLAN.

THE ARS COUNSELOR IS THE APPROVING AUTHORITY; THEREFORE, THE COUNSELOR'S SIGNATURE INDICATES APPROVAL OF THE ILRS INDIVIDUALIZED PLAN.

PROCEDURES – INDIVIDUALIZED PLAN FOR INDEPENDENT LIVING REHABILITATION SERVICES

- The ARS counselor will inform the individual of the options available for development of an Individualized Living Rehabilitation Services Plan on Form RS600-A.
- The ARS counselor will inform the individual of the required components of the ILRS Plan'
- Complete RS600-A. (See Forms Appendix E)
- Key data for status 72.
- Document the counseling provided at ILRS Plan development in the case narrative. (See Forms Appendix E)

TERMINATION OF SERVICES UNDER AN IPE

When it has been determined that an individual cannot meet the projected goals, the counselor is required to initiate an Amendment to the IPE. The reasons for initiating an IPE amendment are:

- 1) The individual does not follow through with the planned program or is uncooperative or
- 2) The individual dies, becomes institutionalized, leaves the state, or becomes too ill to continue the program.

The decision to close the case should be made only with the full participation of the individual, or, as appropriate, the parents, guardian, or other representative, unless the individual is no longer in the State, or his/her whereabouts are unknown. The individual or representative's participation in the decision shall be recorded in the IPE. The rationale will be recorded on an Amendment to the IPE (600-C) certifying that the provision of ILR services has demonstrated that the individual is not capable of functioning more independently in family or community or engaging or continuing in employment. The date of annual review will also be recorded on the Amendment.

RE-OPENING A CASE

A person with a significant disability may re-apply for ILR services at any time after the ~~record of services has been closed~~ 30 days of closure. In such a situation, the counselor must process the case in a manner similar to an individual applying for the first time. Every effort should be made to review and arrive at a decision on the basis of the present rather than previous conditions. ~~Cases requiring only minor services will not be reopened in the same fiscal year.~~

REVIEW OF INELIGIBILITY DECISION

When a record of services is closed as ineligible, because there is no reasonable expectation ILR services will significantly improve the individual's ability to function independently, an annual review will take place no later than twelve (12) months from the date of ineligibility determination. This review will be conducted so the individual, their parent, guardian or representative is given full opportunity for consultation in the reconsideration of the decision of ineligibility.

SERVICES

- 1) Counseling services including psychological and psychotherapy, counseling, advocacy services and related services;
- 2) Housing incidental to the provision of any independent living rehabilitation service, including appropriate accommodations to and modifications of any space utilized to serve individuals with significant disabilities;
- 3) Physical and mental restoration services including the services identified in the definition of comprehensive services for independent living;
- 4) Transportation;
- 5) Interpreter services for individuals who are deaf, including tactile interpretation to individuals who are deaf/blind;
- 6) Services to family members of an individual with a significant disability, if necessary, for improving the individual's ability to live and function more independently, or the individual's ability to engage or continue in employment;
- 7) Vocational and other training services including personal and vocational adjustment, when necessary, for improving the ability of an individual with significant disabilities to live and function more independently, or engage or continue in employment;
- 8) Referral services;
- 9) Telecommunications, sensory and other technological aids and devices;
- 10) Services for children of preschool age including physical therapy, development of language and communication skills, and child development services;
- 11) Any other vocational rehabilitation services available under the State Plan for VR services under Title I of the Act, which are appropriate to the independent living .. rehabilitation needs of an individual with significant disabilities.

MOTOR VEHICLE MODIFICATION POLICY

Administrative exception must be obtained to provided vehicle modification or van lifts for ILRS cases. **For an exception refer to Appendix G.**

~~Note: For procedures refer to Section VI.~~

NOTE: If an Administrative Exception is granted these are the procedures to be used:

MODIFICATION FOR MOTOR VEHICLES

Case Service Code for Status 72 - 1398

Purchase and installation of special equipment and/or vehicle modification may be provided to enable the individual to drive their vehicle or an immediate family member or a designated attendant to provide the individual transportation if:

- 1) The individual or vehicle operator has a current operator license, proof that insurance will cover equipment and proof of vehicle ownership.
- 2) Equipment is purchased from an approved vendor.
- 3) Equipment purchase and/or vehicle modification is made to enable an individual to participate in an approved full-time VR training program or employment. Needed equipment must be established as a criterion for evaluation of progress toward the employment outcome or covered in an IPE amendment.
- 4) A vehicle more than five (5) years old and/or a vehicle with more than 50,000 miles has been determined mechanically sound. This requirement does not apply to vehicles less than five (5) years old or with less than 50,000 miles.
- 5) An Assistive Technology evaluation from the AT @ Work program has been completed upon a counselor's request. The evaluation must include an equipment description or specification.
- 6) The individual has been instructed in safe operation and/or use of equipment by the vendor.
- 7) A threshold of \$5,000 has been established for van modifications, including lift. For an exception refer to Appendix G.

The counselor will follow the State Purchasing guidelines.

ARS will purchase one van lift and/or van modification per individual regardless of the times a case is reopened. ARS retains title to special equipment until the case is closed. It is the individual and/or family's responsibility to repair the lift and other adaptive equipment after warranty expiration. Driver's training is available at ACTI or ARS may purchase driver training from an approved instructor or Agency.

PROCEDURES--MODIFICATION FOR MOTOR VEHICLES

- Documentation of the action to be taken will be made in the case notes narrative.
- Complete referral procedures to the Assistive Technology Program AT @ Work program for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Secure an Assistive Technology Program AT @ Work evaluation/assessment recommendation.
- Counselor will meet with individual to discuss findings of assistive technology evaluation in accordance with informed choice and with similar benefits.
- The counselor will follow the State Purchasing guidelines. (See VI. Services Table of Contents)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for appropriate Status. (Refer to the case management system.)

- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into the case management system.

NOTE: THIS SERVICE CANNOT BE PLANNED ON THE IPE OR AMENDMENT UNTIL THE ASSISTIVE TECHNOLOGY EVALUATION HAS BEEN PERFORMED.

VIII. Closure

Hereinafter, any reference to "ARIMIS" and "ARIMIS timelines" shall be replaced with the term "the case management system." Furthermore, any and all references to the term "case notes" shall be replaced with the term "case narrative."

PAGE

VIII-1 CLOSED NOT REHABILITATED DURING/ AFTER EVALUATION (Status 08)

Clarification of the statement : A Certificate of Ineligibility will be dated and signed by the counselor. Ineligibility ~~certification~~ determination will be made only after full participation and an opportunity for consultation with the individual or, if appropriate, the individual's representative, ~~after an opportunity for consultation.~~

VIII-4 PROCEDURES – CLOSED REHABILITATED – STATUS 26

The individual will complete the Consumer Satisfaction Survey form. This form can be given to the individual, mailed or accessed online.

VIII-5 PROCEDURES – POST-EMPLOYMENT (STATUS 32)

Deleted made every 90 days.

VIII. CLOSURE

CASES CLOSED FROM STATUS 00

Status 00 cases will be dropped automatically by the ARIMIS Case Management System after 180 days if the case is not advanced to Status 02.

CLOSED NOT REHABILITATED BEFORE/DURING EVALUATION (Status 08)

ARS will not close the case record of a referral or applicant prior to making an eligibility determination unless the applicant declines to participate, or is unavailable to complete an assessment for determining eligibility and priority for services. ARS will make a reasonable number of attempts (at least one in writing) to contact the applicant or the applicant's representative to encourage the applicant's participation. 34 C.F.R. § 361.44

PROCEDURES – CLOSED NOT REHABILITATED BEFORE/DURING EVALUATION

- Complete Certificate of Ineligibility. (RS-4C) (See Forms Appendix E)
- Key-ARIMIS data for Status 08.

Note: An Annual Review is required on a case that has been closed as incapable of achieving an employment outcome due to the severity of disability. This review need not be conducted in situations, in which the individual has refused, no longer resides in the state, the individual's whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal. 34 C.F.R. § 361.43(e)

CLOSED NOT REHABILITATED DURING/ AFTER EVALUATION (Status 08)

An individual's record of services is closed from application or Trial Work Experience/Extended Evaluation when the VR eligibility conditions are not met or intervening reasons prevent eligibility determination. The ineligibility determination must be made based on clear and convincing evidence that the individual cannot benefit from services in terms of an employment outcome due to severity of disability. The counselor must include a formal certification statement indicating ineligibility for VR services in the individual's record of services.

A Certificate of Ineligibility will be dated and signed by the counselor. Ineligibility ~~certification~~ determination will be made only after full participation and an opportunity for consultation with the individual or, if appropriate, the individual's representative, ~~after an opportunity for consultation.~~ In such cases, the counselor will notify the applicant in writing of the action taken, or by other appropriate modes of communication consistent with the informed choice of the individual, including the reasons for the ineligibility

determination. When appropriate, referral will be made to other agencies and programs that are part of the One-Stop service delivery system under the Workforce Investment Act.

The individual may appeal the ineligibility determination. The counselor will provide the individual with information on the means by which an appeal can occur, including informal and formal due process procedures, such as administrative review, mediation and review by an impartial hearing officer. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program. 34 C.F.R. § 361.41

PROCEDURES – CLOSED NOT REHABILITATED DURING/AFTER EVALUATION

- Cancel or pay any outstanding encumbrance.
- Complete Certificate of Ineligibility if closed Status 08 from Status 02. (See Forms Appendix E)
- Complete RS600-C if closed Status 08 from Status 06. (See Forms Appendix E))
- When appropriate, referral will be made to other agencies and programs that are part of the One-Stop service delivery system under the Workforce Investment Act.
- Key ARIMIS data for Status 08 Closure. (Refer to ~~ARIMIS Manual~~ the case management.)

Note: An Annual Review is required on a case that has been closed as incapable of achieving an employment outcome due to the severity of disability. This review need not be conducted in situations, in which the individual has refused it, no longer resides in the state, or the individual's whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal. 34 C.F.R. § 361.43(e)

CLOSED REHABILITATED (Status 26)

An individual's record of service will be closed as successfully rehabilitated when the individual has achieved an employment objective consistent with informed choice, substantiality of services has been documented in the case notes, and the following requirements have been met:

- 1) The individual has achieved the employment outcome described in the IPE.
- 2) The employment outcome is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.
- 3) The employment outcome is in the most integrated setting possible, consistent with the individual's informed choice.
- 4) The individual has maintained the employment outcome for a period of at least 90 days.
- 5) The individual and the VR counselor consider the employment outcome to be satisfactory.
- 6) The individual is informed through appropriate modes of communication of the availability of post-employment services. 34 C.F.R. § 361.56

- 3) The employment outcome is in the most integrated setting possible, consistent with the individual's informed choice.
- 4) The individual has maintained the employment outcome for a period of at least 90 days.
- 5) The individual and the VR counselor consider the employment outcome to be satisfactory.
- 6) The individual is informed through appropriate modes of communication of the availability of post-employment services. 34 C.F.R. § 361.56

Additional information is required and must be included in the closure document:

- 1) Name and address of the employer
- 2) Type of work performed. (Occupation)
- 3) Gross weekly earning and hours worked per week
- 4) Medical insurance coverage at closure
- 5) Public assistance at closure
- 6) The individual is compensated at or above minimum wage.
- 7) The wage and level of benefits are not less than that customarily paid by the employer for the same or similar work performed by non-disabled individuals.
- 8) How did the services provided contribute substantially to the individual's achievement of the employment outcome consistent with informed choice.

Note: An individual will not be closed "Rehabilitated" more than once in any fiscal year.

PROCEDURES – CLOSED REHABILITATED – STATUS 26

- Pay or cancel any outstanding encumbrance.
- The counselor must demonstrate through documentation in a summary case note that substantial services provided under the individual's IPE contributed to the achievement of the employment outcome.
- If there is a need for an IPE goal change, an amendment must be completed 90 days prior to closure.
- Case must be in Status 22 for 90 days.
- If the counselor has information concerning employment of the individual, but cannot obtain the individual's signature that is required on the closure amendment, the counselor may close the case by using the method described in the next bullet.
- A minimum of three written attempts (2 letters and one registered letter) must be made to contact the individual is required. (See forms section)
- The receipt verification (card) signed by the client must be placed in the case file. (If the card is not signed by the client, the case cannot be closed "26.")
- Complete the RS600-C. (See Forms Appendix E)
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- If the individual received services at HSRC, a copy of the RS600-C will be sent to the Center Counselor.
- Key ARIMIS data for Status 26.
- The individual will complete the Consumer Satisfaction Survey form. This form can be given to the individual, mailed or accessed online.

CLOSED NOT REHABILITATED (STATUS 28)

Cases closed not rehabilitated in Status 28 can only be closed from Statuses 44 18 -- 24. An individual's record of services will be closed as not rehabilitated when it is determined that suitable employment cannot be achieved or that employment resulted without benefit derived from VR services. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program.

PROCEDURES – CLOSED NOT REHABILITATED – (STATUS 28)

- Pay or cancel any outstanding encumbrance.
- The counselor must document in the case notes the reason for closure.
- Complete the RS600-C. (See Forms Appendix E)
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- If appropriate, the individual will be referred to other agencies, programs, WIA One Stop Partners.
- Key ARIMIS data for Status 28.
- The individual will complete the Consumer Satisfaction Survey form. This form can be given to the individual, mailed or accessed online.

CLOSED NOT REHABILITATED (STATUS 30)

Cases closed not rehabilitated in Status 30 can only be closed from Status 10 or 12. An individual's record of services will be closed as not rehabilitated when it is determined that the vocational objective is not feasible, the counselor and individual cannot agree on a rehabilitation plan, progress toward rehabilitation cannot be made for one reason or another, the individual has moved to another state, or is no longer available for services. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program.

PROCEDURES – CLOSED NOT REHABILITATED – (STATUS 30)

- Pay or cancel any outstanding encumbrance.
- The counselor must document in the case notes the reason for closure.
- Complete the RS600-C. (See Forms Appendix E)
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- The individual will be referred to other agencies, programs, or WIA One Stop Partners.
- Key ARIMIS data for Status 30.

POST-EMPLOYMENT – (STATUS 32)

Status 32 is used when the need for post-employment services has been identified. Post-employment services may be provided after the individual has been closed as Rehabilitated (26) and needs services to maintain employment. The case must be in

For example, these may include minor repair to prosthesis or a small amount of retraining in the use of prosthesis, weekly or biweekly counseling and guidance or a spinal cord injured individual who suffers from an acute kidney infection and needs immediate medical treatment.

If the counselor is aware of the need for Post-Employment services at the time of the 26 Closure, all planned and anticipated services should be documented and must be included on the closure (amendment) document (RS600-C). If a need for post-employment services is determined several weeks after the 26 Closure, an amendment (RS600-C) must be completed.

Post-employment services are expected to be a minor, one-time service and not provided in excess of 18 months. 34 C.F.R. §361.5(b)(42)

PROCEDURES – POST-EMPLOYMENT (STATUS 32)

- The counselor must document in the case notes the need for Post-Employment.
- If **Post-Employment services are identified at the time of 26 Closure**, the counselor can complete the RS600-C to document all planned or anticipated services on the closure amendment. (See Forms Appendix E) **Close the case in Status 26 in ARIMIS the case management system and immediately reopen the case in ARIMIS the case management system in Status 32 by keying in the Social Security Number. (See ARIMIS Manual)**
- If Post-Employment services are identified after the 26 Closure, the counselor must complete an RS600-C to document all planned services. (See Forms Appendix E) **Reopen the case in ARIMIS the case management system directly into Status 32 by keying in the Social Security Number. (See ARIMIS Manual)**
- The original RS600-C will be placed in the case file and a copy of the RS 600-C will be given to the individual.
- A case narrative entry must be made every 90 days to document progress.

CLOSED FROM POST-EMPLOYMENT (STATUS 34)

Decisions to terminate post-employment services should be made in consultation with the individual and documented in the amended IPE (RS600-C). The counselor will work with the individual to achieve a satisfactory level where post-employment support is no longer necessary. It also requires the counselor's professional judgment as to the individual's employment stability.

In making these decisions, the following factors should be considered:

- 1) satisfactory resolution of the problem requiring post-employment services;
- 2) the individual's attainment of sufficient independence to function without continuing post-employment services, or a counselor's professional judgment to discontinue services;
- 3) employment appears secure as determined by suitable work performance, job satisfaction, and acceptance in the employment setting with respect to employee benefits, and opportunities for job development and advancement;
- 4) employment continues at a suitable level in relation to the individual's potential and the locality and labor market, or potential can be realized by the individual's initiative.

PROCEDURES – CLOSED FROM POST-EMPLOYMENT (STATUS 34)

- Pay or cancel any outstanding encumbrances.
- The counselor must document in the case notes the reason for closure and result of post-employment services.
- Complete RS600-C.
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- Key ARIMIS data for Status 34.

CLOSED FROM POST-EMPLOYMENT TO BE REOPENED (STATUS 36)

The counselor will close an individual's case in Status 36 when the counselor determines to reopen the individual's record of services (place in 02) to provide necessary VR services.

PROCEDURES – CLOSED FROM POST-EMPLOYMENT TO BE REOPENED (STATUS 36)

- Pay or cancel any outstanding encumbrances.
- The counselor must document in the case notes the reason for closure.
- Complete RS600-C.
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- Key ARIMIS data for Status 36. (~~See ARIMIS Manual~~)
- Initiate a new Application (RS-4) and follow procedures for a new referral.

CLOSED FROM SERVICE DELAYED/ORDER OF SELECTION (Status 38)

This status is used to identify individuals eligible for VR who will not advance to Status 12 and whose names are being removed from the Service Delayed/Order of Selection list (Status 04).

PROCEDURES CLOSED FROM SERVICE DELAYED/ORDER OF SELECTION

- Pay or cancel any outstanding encumbrances.
- The counselor must document in the case notes the reason for closure.
- Complete RS600-C.
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- Key ARIMIS data for Status 38. (~~See ARIMIS Manual~~)

CLOSED FROM POST-EMPLOYMENT (STATUS 39)

An individual will be closed from post-employment when the individual cannot maintain employment.

PROCEDURES – CLOSED FROM POST-EMPLOYMENT (STATUS 39)

- Pay or cancel any outstanding encumbrances.
- The counselor must document in the case ~~notes~~ narrative the reason for closure.
- Complete RS600-C.
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- Key ~~ARIMIS~~ data for Status 39. (~~See ARIMIS Manual~~)

IX. Caseload Management

Hereinafter, any reference to "ARIMIS" and "ARIMIS timelines" shall be replaced with the term "the case management system." Furthermore, any and all references to the term "case notes" shall be replaced with the term "case narrative."

Any and all references to "Status 14" and "Status 16" shall be replaced with "Status 18 Receiving Service Status."

Pages

IX-6 Cases Transferred Out – Deleted and placed into Procedures –Cases Transferred Out

IX. CASELOAD MANAGEMENT

CASELOAD MANAGEMENT

The counselor accounts for case movement by using statuses. The counselor must make the initial entry from the Client Referral and Survey Information Document (RS-4). Thereafter, the counselor must update ~~ARIMIS manual~~ the case management system each time there is a status change. (See ARIMIS Manual)

CASE STATUS CLASSIFICATIONS

Referral Status

00 Referral

Application Status

02 Applicant

Trial Work Experience/Extended Evaluation Status

06 Evaluation Status

Closures from Applicant (02)

08 Closed before, during, or after Evaluation

Closures from Trial Work Experience or Extended Evaluation (06)

08 Closed after Evaluation

ACTIVE STATUSES

Pre-Service Statuses

04 Service Delayed/Order of Selection

10 Certificate of Eligibility Completed

12 IWRP Completed

Service Statuses

18 Training Receiving Service Status

44 Counseling and Guidance only

46 Physical Restoration

20 Ready for Employment

22 In Employment

24 Service Interrupted

CLOSURES FROM ACTIVE STATUS

- 26 Closed Rehabilitated (After 90 days in Status 22)
- 28 Closed Not Rehabilitated AFTER IPE initiated (Status 44 18 through 24)
- 30 Closed Not Rehabilitated BEFORE IPE initiated (Status 10 through 12)
- 32 Post-Employment
- 38 Closed from Service Delayed /Order of Selection (closed from 04)

CLOSURES FROM POST-EMPLOYMENT SERVICES

- 34 Employment Maintained
- 36 Placed back in 02
- 39 Other

RSA designed the VR Caseload Status System to aid the tracking of individuals as they progress through the service system. Because RSA uses a closed-case reporting system, only those status codes specifying the point in the VR process where the counselor closed an individual's case would apply (closure codes 08, 26, 28, 30 and 38).

STATUS 00 – REFERRAL

Status 00 represents an individual who has been referred to VR with minimum information provided to the counselor. The individual has not made a request for services, but the counselor must place the individual in Status 00 if sufficient demographic information is available. Sufficient demographic information is name, SSN, address, and referral source.

~~ARIMIS will automatically drop this case from the system after 180 days.~~

STATUS 02 – APPLICANT

Status 02 represents an individual's entrance into the VR process. When an individual signs a document requesting VR services, the counselor must place the individual into Status 02. At that point, the individual is considered an applicant after completing an Agency application form RS-4. However, the counselor may place an individual into Status 02 if the individual requests services with a signed letter and minimum basic referral information.

The counselor must place every case in Status 02 before authorizing diagnostic service(s). While the individual is in Status 02, the counselor investigates and secures sufficient information to determine eligibility for VR services or a decision to use Trial Work Experience or Extended Evaluation services. An individual can only remain in Status 02 for 60 days unless the counselor and applicant agree to a specific extension of time.

STATUS 04 – SERVICE DELAYED/ORDER OF SELECTION

The counselor moves an applicant into Status 04 when the Preliminary Assessment justifies writing a Certificate of Eligibility. However, the individual cannot receive services because the individual does not meet the Order of Selection priorities. The individual's name is placed on a waiting list for services until such time as the Agency has sufficient funds available to provide services. Placement of the individual's name on the waiting list for services indicates there will be a delay in the initiation of services for which the individual is otherwise entitled to receive.

An individual leaving this status will be moved to Status 12 to signify that services will be provided without further delay or will be closed status 38 at end of fiscal year.

STATUS 06 – TRIAL WORK EXPERIENCE/EXTENDED EVALUATION

When the individual's eligibility for VR services cannot be readily certified, the counselor moves the individual into Status 06. The counselor may provide services to the individual to determine there is clear and convincing evidence that the individual can benefit from the provision of vocational rehabilitation services in terms of an employment outcome or there is clear and convincing evidence that the individual is incapable of benefiting from vocational rehabilitation services due to the severity of disability.

~~ARIMIS The case management system will only allow 18 months in Status 06. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 10 or 08. The District Manager will forward the request to the Chief of Field Services.)~~

STATUS 08 – CLOSED FROM EVALUATION

Status 08 identifies all individuals not accepted for VR services whether closed from applicant Status (02) or Trial Work Experience or Extended Evaluation Status (06).

STATUS 10 – CERTIFICATION OF ELIGIBILITY

The counselor moves an applicant into Status 10 when the Preliminary Assessment justifies writing a Certificate of Eligibility.

~~ARIMIS will only allow 90 days in Status 10. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 04, 12, or 30. The District Manager will forward the request to the Chief of Field Services.)~~

STATUS 12 – INDIVIDUALIZED PLAN FOR EMPLOYMENT

After the counselor completes the comprehensive assessment and the counselor and individual or representative agree on an IPE, the individual is moved into Status 12.

~~ARIMIS will only allow 90 days in Status 12. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 14, 16, 18, or 30. The District Manager will forward the request to the Chief of Field Services.)~~

STATUS 18 RECEIVING SERVICE STATUS

Status 18 is used when the individual begins receiving training services. ~~(i.e. training in a public or private school, employment training, training at any facility).~~

14 – COUNSELING AND GUIDANCE

The counselor moves an individual in status 14 ~~18~~ after completing an IPE, which outlines counseling and guidance services are necessary to prepare the individual for employment.

The service is necessary to prepare the individual for employment, or a breakdown has occurred in the progress of the case after other services have been initiated and the counselor has determined that substantial counseling and guidance are essential to successful rehabilitation.

~~Counselors will not use Status 14 to reflect the counseling and guidance taking place while other services are being provided (i.e. training, physical restoration, etc).~~

~~ARIMIS will only allow 6 months in Status 14. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 16, 18, 20, 24, or 28. The District Manager will forward the request to the Chief of Field Services.)~~

STATUS 16 – PHYSICAL AND/OR MENTAL RESTORATION

The counselor moves an individual into Status 16 ~~18~~ when the individual receives physical and/or mental restoration services as the primary service. Restoration services include medical, surgical, psychiatric, or therapeutic treatment, the fitting of prosthetic appliances, hospitalization, convalescent care or nursing services.

~~ARIMIS will only allow 90 days in Status 16. The counselor will justify in the case record for each 90-day period in Status 16. If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 18, 20, 24, or 28. The District Manager will forward the request to the Chief of Field Services.)~~

STATUS 18 – TRAINING

STATUS 20 – READY FOR EMPLOYMENT

Status 20 is used when VR services have prepared the individual for gainful employment and the individual is ready to begin placement activities or the individual has been placed but has not yet begun employment.

~~ARIMIS will only allow 90 days in Status 20. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 14, 16, 18, 24, or 28. The District Manager will forward the request to the Chief of Field Services.)~~

STATUS 22 – EMPLOYED

Status 22 is used when the individual begins employment. To ensure adequacy of employment in accordance with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interest, and informed choice, the individual must remain employed in Status 22 for a minimum of 90 days before the counselor can close the individual's case as achieving an employment outcome. (Status 26)

~~ARIMIS will only allow 12 months in Status 22. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 14, 16, 18, 24, 26, or 28. The District Manager will forward the request to the Chief of Field Services.)~~

STATUS 24 – SERVICES INTERRUPTED

Status 24 is used when VR services are interrupted while in Status 14, 16, 18, 20, or 22. The individual will remain in Status 24 until the individual is able to return to one of the above-mentioned statuses or the individual's case is closed in Status 28.

STATUS 26 – CLOSED REHABILITATED

Status 26 is used when the individual has achieved a suitable employment outcome described in the individual's IPE and has been maintained for a minimum of 90 days in Status 22. An individual will not be closed in Status 26 more than once in any Federal fiscal year.

STATUS 28 – CLOSED NOT REHABILITATED AFTER IPE INITIATED

Status 28 is used to close an individual's case from Statuses 14, 16, 18, 20, or 22 when it has been determined the individual does not meet the criteria for Status 26 closure.

STATUS 30 – CLOSED NOT REHABILITATED BEFORE IPE INITIATED

Status 30 is used to close a case from either Status 10 or 12.

STATUS 32 – POST-EMPLOYMENT SERVICE

Status 32 is used when the need for post-employment services has been identified and planned to maintain the individual in employment. The purpose of this status is to avoid the necessity of reopening a case in order to provide a relatively minor service.

~~(If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 34, 36 or 39. The District Manager will forward the request to the Chief of Field Services.)~~

Post-employment services are expected to be of a one-time nature and not provided in excess of 18 months. Cases in Status 32 cannot be transferred.

STATUS 34 – CLOSED FROM POST-EMPLOYMENT

Status 34 is used to close an individual's case when the individual maintains employment through the completion of planned services provided in Status 32.

STATUS 36 – CLOSED FROM POST-EMPLOYMENT TO BE REOPENED

Status 36 is used to close an individual's case from post-employment when the counselor determines the need to reopen the individual's case to provide necessary VR services. The case will be reopened in Status 02.

STATUS 38 –CLOSED FROM SERVICE DELAYED/ORDER OF SELECTION

Status 38 is used to identify individuals eligible for VR who will not advance to the Statuses (12 to 24) and whose names are being removed from the Service Delayed/Order of Selection list (Status 04).

STATUS 39 – CLOSED FROM POST-EMPLOYMENT/OTHER REASONS

Status 39 is used to close an individual for any other reason for termination from post-employment services.

TRANSFER OF CASES – Cases Transferred will retain their status and the date of the transfer.

CASES TRANSFERRED OUT

~~A transfer will be made when an individual on a counselor's caseload in any status other than 22 permanently moves from one area to another counselor's area and requests a transfer. The transferring counselor will discuss the case with the receiving counselor. Status 22 cases will be transferred if the counselor believes this would in the individual's best interest. Transfers will not be made during the same month the case is accepted and/or the IPE is completed and/or services are initiated.~~

PROCEDURES – CASES TRANSFERRED OUT

- ~~A transfer will be made when an individual on a counselor's caseload either permanently moves or request another counselor's within or out of that counselor's district.~~
- ~~The transferring counselor will discuss the case with the receiving counselor as well as notifying the District Manager. Both counselors should be in agreement before the case is transferred.~~
- ~~Status 22 cases will be transferred ONLY if the counselor believes this would be in the individual's best interest.~~
- ~~Transfers will not be made during the same month the case is accepted and/or the IPE is completed and/or services are initiated.~~
- Key data in case management system.
- Document in case narrative under "TRANSFER OUT", reason for transfer.

CASES TRANSFERRED IN

~~The receiving counselor will meet with the individual as soon as possible after receiving the case.~~

PROCEDURES– CASES TRANSFERRED IN

- After the case has been transferred in the case management system, The the receiving counselor will meet with the individual. ~~as soon as possible after receiving the case.~~
- Document in case narrative under "TRANSFER IN", reason for transfer.

CASES TRANSFERRED IN FROM OTHER STATE REHABILITATION AGENCIES

Cases cannot be transferred from other State Rehabilitation Agencies. Individuals moving from another state and requesting services from ARS will be treated the same as a new referral.

OPENING CLOSED CASES

If an individual, whose case has been previously closed, requests services the counselor will follow the same procedures for new applicants (02).

Counselors **cannot** reopen cases in the same month in which they were closed.

Exception: When necessary to reopen a case in the same month in which it was closed, the counselor will submit a memorandum to the Chief of Field Services through the District Manager requesting the closure to be voided. The Chief of Field Services will notify the Counselor through the District Manager that the closure has been voided so the necessary services can be provided.

ANNUAL REVIEW OF CLOSED CASES – INELIGIBLE

Refer to Closure VIII.

XII. REFUNDS/CONTRIBUTIONS

Added language "or his/her designee" and delete a sentences no longer relevant.

XII. REFUNDS/CONTRIBUTIONS

CURRENT YEAR REFUNDS

The vendor should make the refund check payable to the Arkansas Rehabilitation Services. The check should carry the name of the individual. The refund and memorandum giving full information about the refund will be sent to the Chief of Field Services. A cancellation for the refunded amount will be keyed in ARIMIS the case management system. The amount will automatically be added into the counselor's allotment.

PRIOR YEAR REFUNDS

The vendor should make the check payable to Arkansas Rehabilitation Services. The check should carry the name of the individual. All refunds will be sent to the Chief of Field Services or his/her designee. The refund and a memorandum giving full information about the refund will be sent to the Chief of Field Services or his/her designee. ~~All prior year refunds are placed into the Arkansas Kidney Disease Commission allotment as required by state law.~~ Prior year refunds do not require cancellations.

INDIVIDUAL'S CONTRIBUTION

Individual contributions are to be paid to the vendor. If an individual contributes to ARS toward the cost of any services or goods, the authorization will be written for the agency of supplementation. ~~full amount of the service.~~ The contribution amount will be recorded in the IPE (RS-600 A). ~~All contributions, except HSRG cases, must be made by personal check, money order, or cashier's check payable to Arkansas Rehabilitation Services. The check, a memorandum giving the client's name, all pertinent information, and a Cancellation for the contribution amount will be sent to the Chief of Field Services. This amount will be credited to the counselor/area allotment balance. HSRG cases will make contributions to the Hot Springs Rehabilitation Center.~~

MARKUP adding additional approval language.

XIII. PRIOR APPROVAL

	<u>Page</u>
Prior Approval Policy	XIII-1
Prior Approval – New Counselors.....	XIII-1
Prior Approval – State Office	XIII-1

XIII. PRIOR APPROVAL

PRIOR APPROVAL POLICY

Prior approval is defined as "the rehabilitation program and other record of services materials are reviewed and approved by a District Manager or his/her designee before the services planned for are initiated." The District Manager or his/her designee will review all cases requiring prior approval. When the case is approved, the District Manager or his/her designee stamps or writes "Approved", dates and initials the upper right hand corner on all copies of the IPE and the authorization/billing form.

The State Office, a District Manager, or a counselor may request prior approval on a particular case, on types of cases, or on all cases. ~~Such requests will be considered ARS policy~~

PRIOR APPROVAL - NEW COUNSELORS

A District Manager's or his/her designee prior approval is required on all cases during a new counselor's 12-month probationary period. Approval will be indicated on all:

- 1) Authorizations for diagnostic services exceeding \$200.00
- 2) Authorizations for other services
- 3) Certificate of Eligibility
- 4) Order of Selection
- 5) IPE and any Amendments
- 6) 08 closures from Status 02 and Status 06
- 7) 26 and 32 closures
- 8) 28 closures
- 9) 30 closures
- 10) 38 closures

PRIOR APPROVAL - STATE OFFICE

The State Office, a District Manager, or a counselor may request prior approval on a particular case, on types of cases, or on all cases. The District Manager, after a detailed study of the case, will prepare a memorandum justifying the recommendation for an administrative review and approval. This, with the record of services, will be submitted to the Chief of Field Services or his/her designee.